The Pro and Con Monthly

February, 1931

Congress Considers A New Maternity and Infancy Bill

Review of Previous Action by Congress
Pending Bills Analyzed and Compared
How the Former Act Was Administered
Should Federal Maternity and Infancy Law Be Revived? -- Pro and Con

Report Of Month's Action By Congress

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The Congressional Digest

The Pro and Con Monthly

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ALICE GRAM ROBINSON, NORBORNE T. N. ROBINSON, *Editors and Publishers*

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The CONGRESSIONAL DIGEST

February, 1931
Vol. 10 No. 2

Special Feature This Month:

Congress Considers A New Maternity and Infancy Bill

Foreword

SINCE the creation of the Children's Bureau of the Department of Labor in 1912, the question of Federal aid for maternity and infancy health and welfare work has been prominently before the country.

Efforts by various women's organizations resulted in the passage by Congress in 1921 of the Sheppard-Towner Maternity and Infancy bill, which authorized annual appropriations for such aid to be administered by the Children's Bureau until June 30, 1927. Before the expiration of this period, Congress voted on January 19, 1927 to extend the life of the Sheppard-Towner act for two years more. The law thus expired on June 30, 1929.

Efforts were then begun for the enactment of a new Maternity and Infancy Act. This resulted in the introduction during the present Congress of a number of bills, principal among which were the measures introduced in the Senate by Senator Jones, Washington, R., and Senator Robsion, Kentucky, R., and in the House by Representative Cooper, Ohio, R. The Jones bill, introduced on April 18, 1929, was reported from the Senate Committee on April 8, 1930, without hearings, and was passed by the Senate on January 10, 1931.

When the Jones bill reached the House, it was referred to the House Committee on Interstate and Foreign Commerce and that committee, in response to many requests, voted to hold hearings on the Jones bill and also on the Cooper bill, H. R. 12995, which had previously been referred to the Committee. A comparison and legal analysis of the provisions of the Jones and Cooper bills will be found on page 34 of this issue. The hearings were set for January 20. A full report of the results will be given in the March number of the Digest.

In 1921, Mr. Hoover organized the American Child Health Association and later was made its President. A planning committee was formed and gradually the membership in the organization increased. When he became President of the United States, Mr. Hoover resigned the presidency of the association. No one has been elected to succeed him. Out of this association was drawn the personnel of the Child Welfare Conference, appointed by the President in 1929. This conference, which became known as the White House Conference, met in Washington in November, 1930, to consider a general plan of work and adopted what it termed "The Children's Charter," consisting of nineteen points.

Among the questions discussed at the November meeting was the coordination of Federal activities for the aid of children, now distributed among five different branches of the Government. This problem which involves the administration of a maternity and infancy act was finally turned over to a continuing committee, to be appointed by the President later. (Not yet announced).

The attitude of President Hoover on the question of Federal Maternity and Infancy legislation is set forth in his annual messages to Congress for 1929 and 1930. In his message to Congress, December 3, 1929, he said:

"The Federal Government provides for an extensive and valuable program of constructive social service in education, home building, protection to women and children, employment, public health, recreation, and many other directions.

"In a broad sense Federal activity in these directions has been confined to research and dissemination of information and experience, and at most to temporary subsidies to the States in order to secure uniform advancement in practice and methods. Any other attitude by the Federal Government will undermine one of the most precious possessions of the American people; that is, local and individual responsibility. We should adhere to this policy.

"Federal officials can, however, make a further and most important contribution by leadership in stimulation

Continued on page 64

Previous Action

Maternity and Infancy

1912

THE Children's Bureau of the Department of Labor created by an Act approved April 9.

1915

INVESTIGATION of death rates of mothers and infants in the United States made by the Children's Bureau.

1918

ON July 1, the first Maternity and Infancy bills were introduced in Congress (65th) by Senator Joseph T. Robinson of Arkansas, Democrat (S. 4782), and Representative Jeanette Rankin, Montana, Republican. (H. R. 12634).

1919

ON January 15 and 28, hearings on H. R. 12634 were held by the House Committee on Labor.

February 12, H. R. 12634 was reported favorably by the House Committee on Labor. No action on floor.

May 20, The Maternity and Infancy bill was reintroduced in 66th Congress by Senator Robinson (S. 233).

October 20, Another Maternity and Infancy bill was introduced by Senator Sheppard of Texas, Democrat (S. 3259).

December 5, A Maternity and Infancy bill was introduced by Representative Towner of Iowa, Republican. (H. R. 10925)

1920

DURING May hearings were held before the Senate Committee on Public Health and National Quarantine.

June 2, S. 3259 was reported by that committee with minor amendments.

December 18, S. 3259 was passed by the Senate, carrying an annual appropriation of $1,480,000 and providing for control by Children's Bureau with an advisory board consisting of the Surgeon General of the United States Public Health Service, the Secretary of Agriculture and the Commissioner of Education.

December 20-23, 28 *and* 29. Hearings were held by the House Committee on Interstate and Foreign Commerce on H. R. 10925.

1921

H. R. 10925 was reported by the House Committee, with minor changes. (Did not come to a vote in the House during this session.) It was reintroduced in the 67th Congress by Senator Sheppard and Representative Towner, in the form in which it had passed the Senate in the 66th Congress. (H. R. 2366 and S. 1039.)

May 20, S. 1039 was reported by Senate Committee on Education and labor.

July 22, S. 1039 was passed by the Senate, 62 to 7.

July 12-16, 18-23. Hearings were held before the House Committee on Interstate and Foreign Commerce on H. R. 2366.

November 14, Reported by the House Committee with slight amendments.

November 19, Passed by the House, 279 to 39.

November 21, Passed the Senate, as amended by House.

November 23, Signed by President Harding.

	Date of Governor's Acceptance	Date of Legislative Acceptance
Alabama	Jan. 4, 1922	Feb. 14, 1923
Arizona	Dec. 23, 1921	Mar. 13, 1923
Arkansas	Jan. 20, 1922	Feb. 9, 1923
California	Apr. 3, 1922	Apr. 30, 1923
Colorado	Jan. 9, 1922	Apr. 30, 1923
Connecticut	Jan. 9, 1922	
Delaware		Apr. 7, 1921
Florida	Feb. 8, 1922	June 8, 1923
Georgia	Feb. 13, 1922	Aug. 16, 1922
Hawaii	Apr. 7, 1924	Apr. 13, 1925
Idaho	Jan. 23, 1922	Mar. 13, 1923
Illinois	Jan. 11, 1922	
Indiana	Feb. 9, 1922	Mar. 3, 1923
Iowa	Jan. 21, 1922	Apr. 2, 1923
Kansas	Jan. 4, 1922	Mar. 16, 1927
Kentucky	Apr. 6, 1922	Mar. 25, 1922
Louisiana		July 14, 1924
Maine		Apr. 12, 1927
Maryland		Apr. 13, 1922
Massachusetts		
Michigan	Jan. 12, 1922	May 24, 1923
Minnesota		Apr. 20, 1921
Mississippi		Mar. 28, 1922
Missouri	Jan. 17, 1922	Mar. 24, 1923
Montana	Feb. 9, 1922	Mar. 16, 1923
Nebraska	Feb. 8, 1922	Apr. 11, 1923
Nevada	May 12, 1922	Mar. 2, 1923
New Hampshire		Apr. 14, 1921
New Jersey		Mar. 17, 1922
New Mexico		Mar. 11, 1921
New York		May 29, 1923
North Carolina	Mar. 16, 1922	Mar. 5, 1923
North Dakota	Jan. 9, 1922	Mar. 2, 1923
Ohio	Dec. 27, 1921	Apr. 24, 1923
Oklahoma	Dec. 17, 1921	Mar. 31, 1923
Oregon		Dec. 24, 1921
Pennsylvania	Jan. 18, 1922	May 31, 1923
Rhode Island		Apr. 17, 1925
South Carolina	Dec. 31, 1921	Mar. 11, 1922
South Dakota	Feb. 10, 1922	Mar. 12, 1923
Tennessee	Apr. 13, 1922	Mar. 24, 1923
Texas	Feb. 20, 1922	Feb. 24, 1923
Utah	Jan. 23, 1922	Feb. 28, 1923
Vermont	Jan. 24, 1922	Feb. 20, 1925
Virginia		Feb. 27, 1922
Washington		Mar. 16, 1923
West Virginia	Feb. 6, 1922	Apr. 13, 1923
Wisconsin	Dec. 22, 1921	May 18, 1923
Wyoming	Jan. 16, 1922	Feb. 20, 1923

by Congress on

Legislation 1912-1931

1923

ON June 4, the Supreme Court of the United States, having heard together two suits filed to test the Constitutionality of the Maternity and Infancy Act of 1921 (the State of Massachusetts v. Mellon, and Frothingham v. Mellon) dismissed both suits for want of jurisdiction without considering the merits of the constitutional questions. The opinion of the Court, which was without dissent, was delivered by Mr. Justice Sutherland (262 U. S. 447).

1925

ON December 17, a bill to extend to Porto Rico the benefits of the Federal Maternity and Infancy Act, was introduced by Mr. Davila, Delegate from Porto Rico. (H. R. 5837.) No Action. H. R. 7555 was introduced by Mr. Parker, providing for a two year extension of the appropriations under the Federal Maternity and Infancy Act.

1926

ON January 13, the extension of the Maternity and Infancy Act for two years was recommended by the Secretary of Labor with the approval of the Bureau of the Budget and the President.

January 14, Hearings on the extension bill were held by the House Committee on Interstate and Foreign Commerce.

March 17, The bill was reported from the House Committee by Representative Newton of Minnesota. Minority Report by Representative Merritt of Connecticut.

April 5, Two year extension of appropriations under the Federal Maternity and Infancy Act (H. R. 7555) was passed by the House. Vote: 218 to 44.

1927

ON January 13, H. R. 7555 was amended and passed by the Senate.

January 19, The House concurred in Senate amendments.

January 22, The bill was signed by President Coolidge.

1929

ON April 18, S. 255 was introduced by Senator Jones, of Washington, Republican, to virtually renew the provisions of the Sheppard-Towner Act, eliminating the $5,000 a year outright appropriation to the States, and making an initial allotment of $15,000 to be matched by State appropriation. Referred to the Committee on Commerce.

April 18, H. R. 1195 was introduced by Representative Cooper of Ohio, Republican. Referred to the Committee on Interstate and Foreign Commerce.

April 25, H. R. 2039, was introduced by Representative Goodwin, of Minnesota, Republican, to make the Sheppard-Towner Act effective for a 12 year period from the date of its enactment, i. e. from the fiscal year ending June 30, 1922 to the fiscal year ending June 30, 1934.

June 30, The Sheppard-Towner Act lapsed.

1930

ON February 14, H. R. 9888, a substitute Maternity and Infancy Bill was introduced by Mr. Cooper.

April 8, S. 255 was reported from Committee without amendment.

June 9, H. R. 12845 was introduced by Mr. Cooper. Referred to Committee on Interstate and Foreign Commerce.

June 16, H. R. 12995 was introduced by Mr. Cooper. Referred to Committee on Interstate and Foreign Commerce.

June 18, S. 4738, was introduced by Senator Robsion of Kentucky, Republican. Referred to Committee on Commerce.

December 4, S. 255 was called up by Senator Jones as the unfinished business of the Senate.

December 17, The Bingham amendment to recommit the measure to Committee on Commerce was defeated by a vote of 74 to 14.

December 18, The Tydings amendment to eliminate the Federal Board and matching of appropriations by States was defeated by a vote of 66 to 5.

1931

ON January 10, the King amendment to limit the appropriation to 5 years was rejected. No record vote.

January 10, S. 2555 was passed by the Senate, 56 to 10.

January 11, Referred to the House Committee on Interstate and Foreign Commerce.

January 20, Hearings were begun by House Committee on Interstate and Foreign Commerce on S. 255 and H. R. 12995.

Provisions of Pending Bills

How Senate and House Bills Differ

THE principal difference between S. 255, as passed by the Senate, and H. R. 12995, now before the House Committee on Interstate and Foreign Commerce are the following:

The Senate bill is described in its preamble as a bill for the promotion of the health and welfare of mothers and infants, and for other purposes.

The House bill is a bill to provide that the United States shall cooperate with the States (1) in promoting the general health of the rural population of the United States and (2) the welfare and hygiene of mothers and children.

There is no time limit set on the operation of the provisions of the Senate Bill, whereas the operation of the provisions of the House Bill cease at the end of the fiscal year 1935.

The Senate bill creates a Board of Maternity and Hygiene, composed of the Chief of the Children's Bureau of the Department of Labor, the Surgeon General of the United States Public Health Service, and the United States Commissioner of Education, with the Chief of the Children's Bureau as executive officer; the Children's Bureau to administer the provisions of the Act.

The House bill, "for the purpose of coordinating the general rural health and maternal and child health activities" creates a Federal Health Coordinating Board, with the same personnel as the board created by the Senate bill. Under the House bill, however, the Surgeon General of the Public Health is Chairman; the Public Health Service to administer the provisions of the Act relating to rural health, and the Children's Bureau to administer the provisions relating to the welfare and hygiene of mothers and infants, both subject to approval of the Board.

The Senate bill provides that appropriations under the Act are conditioned upon their being equalled by appropriations made by a State. The House bill provides that these grants may be extended to counties or towns upon being equalled by local appropriations.

The appropriations in the Senate bill are $1,000,000 a year with a flat $10,000 a year given each State and the remainder allotted in the proportion that a State bears to the total population of the United States.

The House bill appropriations begin with $1,000,000 for the fiscal year 1931 and increase annually until for the fiscal year 1935 $3,250,000 is appropriated. Of these appropriations a flat $5,000 annually is allotted to each State and the remainder on a proportion based on the proportion of population.

Each bill provides for a deduction of 5 per cent of each annual appropriation for administrative purposes for the Children's Bureau with an added allowance in the House for administration by the Public Health Service.

With these exceptions the other essential provisions of the two bills are the same. Among these are the usual provisions for making annual reports to Congress; the periodical certification to the Secretary of the Treasury of Sums apportioned to States; the provision that no money apportioned under the Act shall be used for the purchase or rental of lands or buildings or for maternity or infancy pensions, stipends or gratuities; and the strict provision that no official of the Public Health Service or the Children's Bureau shall have the right to enter a home over the objection of its owner or to take possession of a child without the consent of its parents or either of them or its guardian.

Analysis of Jones Bill—S. 255

1. Administration.

(a) Children's Bureau of the Department of Labor to administer Act through State health agencies; Chief of Children's Bureau to be executive officer.

(b) Board of Maternity and Infant Hygiene created, consisting of the Chief of the Children's Bureau, Surgeon General of the United States Public Health Service and the United States Commissioner of Education.

2. Appropriation authorized for indefinite period.

3. Grant conditioned on State matching same. To secure benefits State must have accepted Sheppard-Towner Act and not repealed acceptance, or must accept this Act.

4. Amount of appropriation: $1,000,000 annually; $15,000 a year to be apportioned to each State; balance allotted in proportion which total population of each State bears to total population of United States.

5. Five per cent deductible for administrative expenses.

6. Detail of plans not specified. State health agencies to submit plans to Children's Bureau, subject to approval by Board.

7. State may appeal to President if allotment withheld. (Board may authorize withholding for improper expenditure of moneys by State.)

8. Alaska, Hawaii, Porto Rico, and the District of Columbia to share benefits on equal terms with States.

(Digest by Children's Bureau)

Analysis of Cooper Bill--H. R. 12995

A. Rural Health Work

1. Public Health service to administer under general supervision of Federal Board.

2. Appropriation authorized for indefinite period.

3. Grant conditioned on State (or State county and/or local authority) matching same.

4. Amount of appropriation:

$1,000,000	for	fiscal	year	ending	6/30/31
1,250,000	"	"	"	"	"	"	/32
1,500,000	"	"	"	"	"	"	/33
1,750,000	"	"	"	"	"	"	/34
2,250,000	"	"	"	"	"	"	/35
3,250,000	"	each	fiscal	year	thereafter		

Amounts apportioned as follows:

(a) $5,000 of amount to be available annually to each State.

(b) Remainder to be allotted to States in proportion that the rural population of each State bears to the total rural population of the United States.

5. Five per cent of 4 b deductible for administrative expenses. Amounts to $37,500 for fiscal year ending 6/30/31, increasing to $100,000 for year ending 6/30/35, and to $150,000 annually thereafter.

6. Secretary of Treasury to approve administrative expenditures of Public Health Service.

7. Federal Health Coordinating Board to approve all plans for carrying out work.

8. Detail of plans not specified.

9. No provision for appeal over decision of Board to withhold allotment.

10. Hawaii and Porto Rico included on equal terms with States.

B. Health and Welfare of Mothers and Children

1. Children's Bureau to administer under general supervision of Federal Board.

2. Appropriation authorized for 5 year period.

3. Grant conditioned on State matching same.

4. Amount of appropriation.

(a)	$1,000,000	for	fiscal	year	ending	6/30/31
	1,000,000	"	"	"	"	6/30/32
	1,000,000	"	"	"	"	6/30/33
	1,000,000	"	"	"	"	6/30/34
	1,000,000	"	"	"	"	6/30/35

$10,000 a year apportioned to each State; remainder allotted in proportion that total population of each State bears to total population of United States.

5. Five per cent of total annual appropriation deductible as administration expenses. Amounts to $50,000 yearly for 5 years.

6. Federal Health Coordinating Board (representing 3 bureaus in 3 different departments, Surgeon General in Public Health Service, permanent chairman, Commissioner of Education in Department of Interior, and Children's Bureau in Dept. of Labor) to approve administrative expenditures of Children's Bureau.

7. Federal Health Coordinating Board to approve all plans for carrying out work.

8. Plans to include promoting establishment of local health services for mothers and children; such work to be coordinated with local general health services where established.

9. State may appeal to President if allotment withheld (for moneys improperly spent).

10. Hawaii and Porto Rico included on equal terms with States.

(Digest by Children's Bureau)

Miss Abbott Explains How Sheppard-Towner Act Was Administered

WHEN the Children's Bureau was created in 1912 there was only one state which had organized for promoting the health of children by creating a child hygiene bureau in the state department of health. A few such bureaus had been organized in the health departments of some of our larger cities, but as a whole, the child health work was being done by private infant welfare and visiting nurse associations, usually only in the larger cities and without the resources necessary for carrying out the whole program.

Baby week campaigns, which the Bureau sponsored in cooperation with the General Federation of Women's Clubs, and the Children's Year program, sponsored by the Women's Committee of the Council of National Defense in an effort to prevent the lowering of the standards of child care during the war, extended to almost every county in the United States and directed public attention to the unnecessarily high death rates among mothers and babies, and to the value of the child health conference and other organized activities in saving the lives of babies.

The Sheppard-Towner Act for the promotion of the welfare and the hygiene of maternity and infancy, which became a law on November 23, 1921, was in all essentials the same as the plan for the "public protection of maternity and infancy" submitted by Miss Lathrop as Chief of the Children's Bureau in her annual report for 1917. This act authorized on annual appropriation of $1,240,000 for a five-year period, of which not to exceed fifty thousand dollars could be expended by the Children's Bureau for administrative purposes and for the investigation of maternal and infant mortality, while the balance was to be divided among the states accepting the act as follows: five thousand dollars unmatched to each state, and an additional five thousand dollars to each state if matched, the balance to be allotted among the several states on the basis of population, and granted if matched by an equal state appropriation.

The act intended that the plan of work should originate in the state and be carried out by the state. The legislatures of forty-five states (the legislatures of Connecticut, Illinois and Massachusetts did not accept the benefits of the act) and the Territory of Hawaii—to which the benefits of the act were extended in 1924—accepted the terms of the act. A Federal Board of Maternity and Infant Hygiene, composed of the Chief of the Children's Bureau, the Surgeon General of the United States Public Health Service, and the United States Commissioner of Education, was given authority to approve or disapprove state plans, but the act provided that the plans must be approved by the Federal board if "reasonably appropriate and adequate to carry out its purposes."

In the Children's Bureau, the administration of the act was directly in charge of a Maternity and Infant Hygiene Division, the director of which had been a specialist in child hygiene. In addition to auditing accounts and carrying out other routine administrative details, the Bureau assisted the states by arranging for conferences of state directors, by field consultation, by the loan of bureau personnel for demonstration and survey purposes, and during the last two years, by a study of maternal mortality made in fifteen states in cooperation with the state medical associations and the state departments of health. In 1927, the authorized appropriation was extended by Congress for a two-year period, and the act was repealed as of June 30, 1929.

Previous to 1920, child hygiene bureaus or divisions had been established in twenty-eight states, sixteen of them in 1919, largely as a result of the Children's Year activities sponsored by the Women's Committee of the Council of National Defense and the United States Children's Bureau.

In anticipation of the passage of the Maternity and Infancy Act, nine states created child hygiene divisions or bureaus so as to be ready to receive funds and carry on the work. Ten states organized such divisions or bureaus after the passage of the act in 1922. All but one of these are functioning now.

During the period July 1, 1924 to June 30, 1929, the states cooperating reported that, as a result of aid given through the Maternity and Infancy Act, permanent local child health, prenatal, or combined prenatal and child health consultation centers had been established as follows: Alabama 19, Arizona 10, Arkansas 14, California 89, Colorado 21, Delaware 9, Florida 35, Georgia 42, Idaho 2, Kentucky 52, Louisiana 34, Maryland 7, Michigan 30, Minnesota 8, Mississippi 8, Missouri 26, Montana 15, Nebraska 1, Nevada 1, New Hampshire 8, New Jersey 70, New Mexico 20, New York 132, North Carolina 37, North Dakota 3, Ohio 23, Oklahoma 5, Oregon 57, Pennsylvania 167, Rhode Island 7, South Carolina 11, Tennessee 29, Texas 224, Utah 133, Virginia 80, Washington 21, West Virginia 66, Wisconsin 64, and Wyoming 14; making a total of 1,594.

In states where county organization was emphasized and full-time county health units were being established, nurses and sometimes doctors were added to the staff of the county unit in order to make more effective or to demonstrate a county maternity and infancy program.

In addition to the increased local appropriations, making it possible to assume the support of local consultation centers and public health nurses, the state appropriations have greatly increased—at first in order to match Federal funds, and later, when the Federal funds were no longer available, in order to continue or to expand the state program. Thus, nineteen states and the Territory of Hawaii have reported that their legislatures appropriated an amount equaling or exceeding the combined state and Federal funds under the Sheppard-Towner Act. These states are: Delaware, Kentucky, Maine, Maryland, Michigan, Missouri, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Pennsylvania, Rhode Island, South Dakota, Tennessee, Vermont, Virginia, and Wisconsin. Florida, which has a special tax levy, reports that the full program carried on with Federal assistance is being continued.

It is difficult to make this list accurate. Appropriations are frequently in lump sums, and the amount available for an individual bureau or division is subject to administrative control. Moreover, a specific appropriation may, as a matter of executive policy, not be available.

Since statistics as to births and deaths are essential for planning and evaluating a maternity and infancy program, a special effort was made by the Children's Bureau and by the maternity and infant hygiene divisions in the states to improve registration. The birth registration area has been expanded from thirty states in 1922, representing 72.2 per cent of the total estimated population of the United States, to forty-six states in 1929, representing 94.8 per cent of the total estimated population of the United States.

To summarize, then, at the end of the period of cooperation, births and deaths were being reported in all the states except two—South Dakota and Texas.

The trend of the infant death rate in the United States has been downward since 1915, when the registration area was established, and it was to be expected that with lower rates, the annual percentage reduction would not be maintained without increasingly effective work.

Comparison of the United States rates prior to and immediately following the enactment of the act is complicated by the very high death rate in 1918, when the influenza epidemic reached its peak, and by the expanding birth and death registration areas in the United States. If we omit 1918 and compare the rates for the nineteen states that were in the birth registration area from 1917. to 1921 with the rates for the same states from 1922 to 1928, we find that every state had a lower rate for the latter period, the decrease varying from five to nineteen per cent.—*Extracts, see 10, p. 64.*

Should Federal Maternity and Infancy Law be Revived?

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Senator Jones

SO far as I can learn, prior to 1921 only one State in the Union had provided any special organization or division of State government to give special consideration to the health of mothers and the preservation of child life. In 1921 the Sheppard-Towner bill was passed through the Senate, passed through the House, and became a law. That act provided for the appropriation of a million dollars a year for five years to aid the States in this class of work. Five thousand dollars was donated outright to each State, and then the balance of the money was prorated, to be met with a similar amount by each State. At the end of the five years the act was continued for two years, expiring, I think, some time in 1929.

Under the operation of that act, by reason of its influence, all the States except, I think, three had accepted its terms and had proceeded to carry out the provisions of the act, and had made provision for a State organization, so that this work was carried on very extensively. After the act expired, and after the expiration of the two-year renewal period, the work slowed up very materially.

As I understand it, 25 of the States have been expending and are expending an amount equal to the local contribution and to the national contribution under the Sheppard-Towner Act. About 20 of the States, however, have appropriated very little more, if any, than their proportionate part, and in some instances less. Some six or seven of the States now are doing nothing along this line. This would indicate the importance of encouragement upon the part of the Federal Government in order that this important work should be carried on, that it should not be allowed to drop.

Everybody appreciates, of course, the value of human life. We cannot measure it, we cannot put the women and children of this country in a category with any class of property we have. Yet Congress has never hesitated to appropriate large sums of money to protect various classes of animal life, to protect them from disease, and to eradicate disease. If we would do that for what we term this inferior life, it seems to me we should not hesitate to make even liberal appropriations for the preservation of the most precious life we have in this country.

With the diminution of women's lives and children's lives, of course, the race must deteriorate and eventually

Continued on next page

Senator Bingham

THIS legislation is extremely hard to speak against, because it has such a worthy object. It is always implied that we should not provide money for making investigations into the diseases of horses and cattle if we do not provide money for looking into the diseases of women and children. As a matter of fact, however, this type of legislation leads constantly to the building up of the power of a bureau in Washington; it leads constantly to the taking away from the States of the responsibility which rests upon their citizens of enacting proper legislation for their own citizens. It merely puts them in the position of subjects faithfully carrying out the orders of persons in Washington and paying one-half of the bill.

There is no body of men or women in the country which is more seriously and faithfully engaged in promoting human health and happiness than the body of physicians of the country.

It is a very significant thing that the official body of physicians in this country, constituting the American Medical Association, has repeatedly protested against this legislation.

Why should they be opposed to this legislation if it, indeed, accomplishes or will accomplish the purpose for which its proponents are introducing it? It is because the legislation does not do that which it aims to do and because it does harm to the promotion of health and hygiene in the States themselves by taking away from them their responsibilities and placing them in a bureau in Washington.

No constitutional ground can be found for the encroachment of the Federal Government on the right of the States to control their own internal affairs in so far as relates to the protection and promotion of the health of mothers and children. When the direct issue was presented to the United States Supreme Court in the suit instituted by the Commonwealth of Massachusetts to prevent the carrying of the Sheppard-Towner plan into effect, the court discreetly avoided deciding the question. The same court had, however, previously held two child-labor laws enacted by Congress to be unconstitutional, because they invaded the rights of the State to look after the welfare of their own children; and yet those laws were based on constitutional authority much stronger

Continued on next page

go out of existence. It seems to me that the highest task to which we can put any of our money is the preservation of human life, and especially the lives of our women and our children. That is really the purpose of this bill.

It has been suggested that this is a matter which should be left entirely to the States, that it is an infringement upon the rights of the States for Congress to seek to pass this legislation.

It is rather late in the day for us to raise a question of that character. As I said, we have been appropriating for various activities in the various States vast sums of money, for all kinds of work which really and technically probably should be done by the States themselves. It is no new thing for the Federal Government to aid the States and to require contributions upon the part of the States. We have made appropriations of various kinds for operations in the various States, conditioned upon the States appropriating like sums of money.

We have provided for the eradication of tuberculosis in animals. Why should not the States be required to do that? My recollection is that we have not even required contributions upon the part of the States in connection with that work, but we have appropriated millions of dollars to accomplish that purpose. That refers to tuberculosis in various animals in which the farmers are interested. Those animals, as I said above, cannot be compared in preciousness or in value with our women and our children.

We have appropriated for hog cholera investigations. Why should not those investigations be conducted by the States? Yet we have recognized the importance of it and the need of it, and there has not been any hesitation upon the part of Congress to appropriate hundreds of thousands of dollars for that purpose.

In connection with the Forestry Service, we have cooperative work where we have required cooperation, but work which technically, probably, should be done solely by the localities. We have appropriated millions of dollars for that purpose. I could go on and enumerate many other classes of activities in the various States which should be handled, technically probably, by the States.

It was recognized that the National Government had an interest in all these various matters, and that that interest justified some appropriation upon the part of the National Government. Yet the National Government could not have an interest in any of those things, or in all those things, comparable with its interest in the preservation of the lives of its women and its children, and if any appropriation was ever justified, in my judgment, it is an appropriation along the lines of this bill.

Practically all the States joined in this work after the passage of the act in 1921. There were two or three States which did not. However, they got some benefit from it, because their representatives visited the various conventions held by those who were interested in the act and those who had given special consideration to it and to the problems arising under it. They got the benefit of the discussions, of course, and nobody took advantage of it, and very properly so.

In 1921 in the United States there were 86 deaths of infants under 1 year of age per 1,000 births. In 1928, instead of 86, the deaths of this country were 69 per

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than any semblance of authority that can be found in the Constitution for the support of legislation of this type, for one was based on the constitutional authority of the Federal Government to regulate interstate and foreign commerce and the other was based on its constitutional authority to levy taxes.

If Federal officers can obtain control of the hygiene of the entire population it is evident that by a simple extension of the process Federal officers can be given control of all matters pertaining to the safety, morals, property rights, and other matters of public policy within the States—and our dual form of government will be swallowed up in a bureaucracy pure and simple.

Proponents of the Sheppard-Towner Act claim that one of its purposes was to stimulate the States to provide on their own account for the welfare of the mothers and infants within their respective borders. I claim that there is no evidence that it did so.

On the contrary, there is very strong evidence that the Federal subsidies provided by the act led many States, possibly all of them, to withhold State appropriations that they would otherwise have made so long as the Federal Government was paying a part of the cost. There is no other explanation of the fact that immediately on the discontinuance of subsidies from the Federal Government 15 States and Hawaii each appropriated an amount equal to the combined State and Federal funds of the preceding year. The pending bill proposes to give further subsidies to each of the States named. If the combined Federal and State funds previously allotted these States were adequate, clearly the present State appropriation is adequate and no further Federal subsidies are needed. Is the Federal Government going to provide subsidies for the States that are obstinately holding out for Federal aid, while paying no subsidies to the States that have enlarged their appropriations, and thus allow the recalcitrant States to profit by their obstinacy and callousness?

If a State is so poor that it cannot through taxation or bond issues provide the money necessary for safeguarding the lives and health of its citizens, an audit of the State's accounts should demonstrate that fact. Federal aid should be extended as a matter of charity, as an outright gift or as a loan, and not as the purchase price for the surrender of State rights.

I realize that under the general-welfare clause of the Constitution the pending legislation has been proposed; that similar legislation and other legislation of like character has been enacted heretofore. Students of the debates on the general-welfare clause are divided, but the great mass of the opinion of constitutional lawyers, so far as I have been able to ascertain, is that the words "general welfare" refer to the general welfare of the States and not the general welfare of the citizens thereof, who are naturally supposed to depend on their States to look after their general welfare.

In urging the enactment of the pending bill an effort has been made to show the wonders that were accomplished under the previous bill, the Sheppard-Towner Act. It has been pointed out repeatedly that as the result of seven years' labor and the expenditure of $11,000,000 of Federal and State moneys an elaborate organization was built up, a vast organization made up of a few doctors, many nurses, some social workers, an

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thousand births. The value of those lives cannot be measured. This diminution in the mortality rate among the infants of the country more than justified the passage of the act and the expenditure of the comparatively small sum of money we appropriated.

The results fully justified what we did. The interest that was awakened in the States has diminished considerably again, strange to say. There are six or seven States which apparently have dropped the work entirely. There are about seven or eight others which are appropriating about the sum of money they appropriated while the United States was contributing its part. There are six or seven which have appropriated a little bit more than their part of the contribution, while 25, or a little over half of the States, appropriated to continue the work an amount of money practically equivalent to their former contribution and that of the Federal Government. But the diminution of the interest in this great work by some of the States, and so many of them as has been mentioned, I think, fully justifies further action along these lines.

The bill which is now before the Senate differs somewhat, though very little, from the Sheppard-Towner Act. That act provided for the donation of $5,000 to each State without any reservation or requirement of a similar allotment by the State. That is dropped in this bill. Fifteen thousand dollars is contributed to each State on the condition that each State shall put up $15,000. That assures $30,000 for the work in every State which enters into the arrangement. It leaves the balance of the million dollars to be allotted among the various States proportioned to their population.

This measure extends the benefits to Porto Rico, to Alaska, and to the District of Columbia. That was not provided for in the previous act. The States which accepted the terms of the previous act are considered, and will be considered, as accepting this act until they expressly repeal their participation in the work.

Those are substantially the differences between the Sheppard-Towner Act and the proposed act.

I think I might refer to one feaure of this bill (S. 255) which is different from the Sheppard-Towner Act, and possibly is hardly in accord with the President's message. This bill was reported favorably April 9, 1930, not quite a year ago. The President in his message intimates that work of this kind should be provided for for a limited period; in other words, contain a provision similar to that in the original act. No limit is fixed in this bill. The law would remain on the statute books as long as Congress allowed it to. Of course, Congress could repeal the act at any time it thought it should do so. Possibly upon giving a year's notice it would be justified in doing so.

If there should be serious objection to the measure without any specific limitation in it, I frankly say that I would have no serious objection to limiting the act to a five-year period; but I see no necessity for that. I would rather have it go on and encourage the States to continue this splendid work without any specific limitation in the bill as we enact it. If it is deemed advisable in future, if it is thought the time has come when the cooperation of the National Government with the States in this important work should cease, it would require very little effort to fix the time when it should cease. I think

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assorted variety of clerks and other employees, child health centers, clinics, conferences, and other things too numerous to mention. The size and complexity of that organization will readily be admitted. If the end and object of the Sheppard-Towner Act was to build up a fearful and wonderful machine such as has been described, the act was undoubtedly a glorious success. When the act was being passed, however, it was not claimed that its purpose was to build up a great bureaucratic organization but that its purpose was to reduce maternal and infant mortality; and of the accomplishment of that purpose there is certainly no evidence.

The fact is that infant mortality rates fell more slowly after the Sheppard-Towner Act was passed than they did before. Let the proponents of the legislation account for that fact if they can. The Sheppard-Towner Act movement itself seems to have had its inspiration in the wonderful work that was being done by State, municipal, and county health agencies toward the prevention of infant mortality. Infant and maternal life were being protected and promoted long before the Sheppard-Towner plan was even dreamed of, by the regularly organized health forces within the several States, counties and municipalities.

I do not wonder that people do not like to listen to this, because it is contrary to what so many people believe. It has been stated repeatedly that the passage of the legislation increased health in the United States, diminished the number of deaths of mothers and diminished the number of deaths of infants. That has been stated so often that no one has thought to look up the facts and see whether or not it was true.

As a matter of fact, under the influence of agencies which existed prior to the passage of the Sheppard-Towner Act, which it is now intended to resurrect, the infant death rate in the birth-registration area in continental United States fell from 100 in 1915 to 76 in 1921, or 24 points. That was before the Sheppard-Towner Act was passed. Then came the Sheppard-Towner period; and between 1922 and 1929 infant death rates in the registration area fell from 76 to 68, or 8 points. This record of the failure of the Sheppard-Towner Act to accelerate in the slightest degree the decline of the infant death rate in the birth-registration area as a whole is matched by the record of its failures in many of the States that did adopt the act.

For instance, let us take the State of Kentucky: In Kentucky, between 1917 and 1921—years prior to the passage of the Sheppard-Towner Act—the infant death rate was reduced from 87 to 62. Then Kentucky accepted the bribe of the Federal Government and came in under the Sheppard-Towner Act in 1922, and its infant death rate promptly went to 69. After eight years of labor and expense under the influence of the Sheppard-Towner Act Kentucky, in 1929, found its infant death rate to be 71.

Here was a sovereign State which, prior to 1921, had reduced its infant death rate all by itself from 87 to 62; and then, thinking that the wisdom of the Congress of the United States was so great that it ought to adopt something that would help it still further to reduce its death rate, it accepts the Sheppard-Towner aid, and the death rate goes from 62 to 71.

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it is wiser in connection with this important work to enact the legislation in this form so that the people of the country may be assured that this splendid work may go on.—*Extracts, see 1, p. 64.*

Senator Sheppard

ON June 30, 1929, the maternity and infancy act, generally known as the Sheppard-Towner Act, expired. It was first placed in the Federal statutes on November 23, 1921, and was to continue for the five fiscal years ending June 30, 1927.

At the end of five years nearly all the States were cooperating with the National Government in carrying out the purposes of the measures and there was a widespread demand for its renewal.

A bill renewing the measure for three years passed the House by a sweeping majority, and a motion to take it up in the Senate showed a similar sentiment in its behalf in this body. Then a few determined and able Senators instituted a filibuster which blocked action for months.

Having charge of the bill on the Senate floor, recognizing the stranglehold which this little group of filibusterers had on the situation under the Senate rule allowing unlimited debate, realizing the end of Congress was near, I offered on behalf of myself and as many of the friends of the measure as I could get in touch with to agree not to endeavor to renew the existing act at the time of its expiration, if it should be permitted to continue two years longer. My offer was accepted and the act was continued for two years—that is, until June 30, 1929—when it ceased to operate.

When the two years ended, I made no effort to renew the act. It went out of existence, and thus I carried out my part of the agreement. I consider that my obligation under the agreement terminated when the two years elapsed without any endeavor on my part to continue the legislation.

I do not consider that I am obligated under that agreement not to support the new effort to revive the legislation now being made through the bill by the Senator from Washington, which was favorably reported by the Senate Commerce Committee nearly a year after the death of the old legislation.

The work under the maternity and infancy act during the seven years of its operation was based on programs developed by State health agencies and approved for Federal monetary aid by a committee composed of the Chief of the Children's Bureau at Washington and other Federal officials. The State agency had the right to appeal to the President in the event the Federal Committee held that the State's program did not come within the scope of the act.

The activities carried on by the State health agencies with Federal aid under this law included instruction of the individual as to the care of mother and child through health conferences conducted by physicians and nurses under State auspices, through permanent health centers conducted under local auspices and financed in part by local funds, through home visits to mothers by public-

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A comparison can profitably be made between the improvement effected in infant death rates in States that never adopted the Sheppard-Towner Act as compared with the improvement made in States located near by, and therefore made up of populations more or less similar, and subjected to similar influences of climate and other external conditions influencing health.

The first State which did not adopt this legislation was Connecticut. When the Sheppard-Towner Act went into effect in other States the Connecticut infant death rate was 77. In 1929, seven years later, without any aid from the Sheppard-Towner Act, the death rate in Connecticut had fallen to 644—13 points. In two of the intervening years it was even as low as 59.

The neighboring State of Rhode Island adopted the Sheppard-Towner Act in 1925, when the infant death rate was 73. In 1929, four years later, the death rate was 72, a diminution of 1, with a record in one of the intervening years of a death rate of 82.

In other words, it does not appear as though one can lay to the credit of this act any diminution in infant mortality. I have given examples of States where the mortality rate actually increased under the provisions of the act, when it had greatly decreased prior to the passage of the act; and I have given the example of a State which did not adopt it where the infant mortality rate decreased very considerably.

The infant death rate in Illinois, without the influence or help of the Sheppard-Towner Act, fell 15 points in eight years, while in the neighboring State of Indiana, with the help of the Sheppard-Towner Act, it fell only 7 points. If one wanted to base an argument on figures, one might claim that this proved that the Sheppard-Towner Act actually did harm to the women and children whom it is supposed to benefit. That, however, is not the object of my argument, but rather to show that it does not do that which it pretends to do, but actually does harm in taking away from the States certain responsibilities which are theirs.

The Commonwealth of Massachusetts refused to adopt the act, and in fact instituted suit to prevent it from being carried into effect. Between 1922 and 1929 its infant death rate fell from 881 to 62, 19 points.

The Sheppard-Towner Act was never in effect in the District of Columbia. Its infant death rate fell from 85 in 1922 to 71 in 1929. In the neighboring State, Virginia, the act was adopted in 1922, when its infant death rate was 77. Having lived under the Sheppard-Towner Act during the entire time when the act was in effect, the State of Virginia found itself at the expiration of that period with a death rate of 79, two points higher than when it started.

The claim that the States that did not adopt the act were enabled to make the progress that they did in reducing their infant death rates because of knowledge that they acquired through conferences held under the authority of the Sheppard-Towner Act is without the slightest evidence to support it. In fact, there is not the slightest evidence to show that the seven years' labor and the $11,000,000 expenditure under the Sheppard-Towner Act ever developed one new fact or one new method looking toward the more effective prevention of infant and maternal sickness and death. As has been pointed out with respect to some of these States, and as is equally true

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health nurses, through demonstrations in the home on infant and maternal care.

These activities also embraced instruction of groups through lectures, motion pictures, slides, charts, and exhibits, through school classes in infant care for girls, classes in infant and prenatal care for mothers and for teachers planning to include maternity and infancy instruction in class work, through schools for midwives—through graduate courses for nurses in maternity and infancy work given by State or regional conferences and institutes—through graduate courses for physicians in conjunction with State or county medical societies.

A third phase of State work under this act consisted of instruction through distribution of literature prepared by the State or the Federal Government on maternal and infant care and hygiene, child care and management and similar subjects.

The maternity and infancy measure was pending for several months before its first enactment in November, 1921. During this time several States established maternity and child-hygiene bureaus or divisions for purposes of cooperation under the act. By the end of the fiscal year of 1921, 34 such State agencies were in existence. Thirteen more were created in 1922, and in 1925 a division was established in Hawaii after the extension of the act to that Territory. When the act expired on June 20, 1929, maternity and infancy divisions had been established and were operating in all of the States except Vermont and the act was also operating in Hawaii. While Vermont did not set up a separate bureau or division, it accepted the Federal funds, its work being under the immediate direction of the State health officer. It will be seen that the act was operating throughout the entire Nation when it ended in 1929.

Not only the creation of new maternity and infancy State agencies but expansion of existing ones resulted from the acceptance of the Federal funds by cooperating States. Even in the few States which at various times did not accept the Federal funds large appropriations and greater activities followed the example and inspiration of the act.

One of the great objectives under the act was the encouragement of locally supported agencies. There were established throughout the country from 1924 to 1929, inclusive, 2,294 permanent child-health centers, 311 permanent prenatal centers, 373 permanent combined prenatal and child health centers wholly or partly supported by local funds. During the operation of the act 161 counties and 13 communities took charge of maternity and infancy work which had been initiated by State or Federal maternity and infancy funds. A nurse working alone in a county and aided by maternity and infancy funds to the extent of her work in this respect, became the starting point in a number of instances for what developed into a full-time county health department.

During the life of the act there was a decrease in infant mortality rates for the registration area in 1929 when compared with 1921, and a decline in maternal mortality rates in certain areas in 1929 when contrasted with the same areas in 1921.

The general mortality rate for all ages in the death-registration area increased slightly in 1928, but the infant-mortality rate decreased. The infant-mortality rate amounted to 69 per thousand live births in the birth-

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with respect to others, the rate of decline in the infant death rate was even more rapid before the days when the Sheppard-Towner plan was developed than it was afterwards.

Vermont did not adopt the Sheppard-Towner Act until 1925, and in the five-year period 1925-1929 its infant death rate fell only 6 points, from 72 to 66. In the five-year period immediately preceding, 1920-24, Vermont's infant death rate fell 26 points, from 96 to 70.

In New York the infant death rate under the influence of the Sheppard-Towner plan between 1923 and 1929 fell only 11 points, from 72 to 61, while in the seven-year period immediately preceding, 1916-1922, it fell 17 points, from 94 to 77.

A discussion of maternal mortality rates fails to reveal any evidence of any benefit derived from the Sheppard-Towner Act. The maternal mortality rate for 10,000 live births in the birth-registration area in 1915 was 61. In 1921, before the Sheppard-Towner Act was effective, it was 68.2. In the first year of the Sheppard-Towner period—1922—it was 66, and in the last year of the Sheppard-Towner period—1929—it was 70.

The fact is that a study of maternal mortality rates in the United States yields very little direct evidence to justify the Sheppard-Towner Act. The figures stand, however, definitely to the discredit of the act, not only because they fail to justify it, but because of the absence of evidence to show that seven years' labor and $11,000,000 expenditure under the act have reduced maternal mortality in any way or have pointed to any way in which it can be reduced.—*Extracts, see 2, p. 64.*

Senator Tydings

THIS bill has been a measure of great controversy in Congress ever since it was first introduced a number of years ago. It is one of those measures which compel the States to run their affairs in accordance with the edict of the Federal Government.

It should be needless to state that no member of either House of Congress, of course, wants to do anything which is injurious to the child life of America, and that opposition to the bill is not necessarily or in any part opposition to the proper care of child life or proper circumstances surrounding the birth of the child, but it is due to the system which is growing up in the country and which during the last 10 or 15 years has come to be accepted as the right way to handle all these measures which are challenging the opposition of those who take that position.

First of all, a sum of money is appropriated by the Federal Government, $1,000,000 in all. That is to be divided among the 48 States. But before any State can receive its proportionate share it must take from its State treasury a sum of money equal to that which it receives from the United States Treasury. In other words, the State appropriation matches the Federal appropriation. But can the State agency expend its own State tax money as the State board of health wants to expend it? Oh, no. Under the terms of the bill the State agency cannot receive a single dollar from the Federal Treasury unless

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registration area of 1928, while in 1921 it amounted to 76 per thousand. This rate for urban areas was 78 in 1921 and 69 in 1928; for rural sections, 74 in 1921 and 69 in 1928; a new low rate, 65, having been established for 1927.

Undoubtedly the maternity and infancy act is entitled to a substantial share of credit for the fact that if the same infant-mortality rates had prevailed during the seven years of the act which had marked the year 1921, over 60,000 more infants would have died in their first year.

It is true that the infant death rate was higher in 1928 than in 1927, but this was due to an outbreak of influenza in the latter part of 1928 which assumed the proportions of an epidemic before the year closed, and to an increased prevalence of measles and meningitis.

It is true that the mortality rate of 68 deaths connected with maternity for every 10,000 live births for the birth-registration area of 1921, consisting of 27 States and the District of Columbia, increased to 69 for the birth-registration area of 1928, consisting of 45 States and the District of Columbia. This is explained by the fact that new States were added to the registration area with higher maternal mortality rates than the whole previous area, notably States with large colored populations, whose rates in this respect were abnormally large.

Where the maternity and infancy work was applied continuously for most of the years during which the act was effective there was a reduction in the death rate of mothers. This work was especially effective in rural districts, where attention from physicians has been increasingly difficult to secure. The rural maternal mortality rate for the registration area of 1921, an area comprising 27 States, was 59 per 10,000 live births. In 1928 the rate was 56.3 for the same territory, a substantial and gratifying reduction.

Maladies to which expectant motherhood is specially liable showed a downward trend while the act was in operation. This relief to motherhood from some of its dangers and agonies justifies the act a thousandfold, makes every dollar expended in such a cause sacred to the last degree, and calls in terms that cannot be denied for the renewal of the measure.

Since the act terminated there has been a falling off in funds available for this work in a large majority of the States. About 15 States have continued their efforts by increasing appropriations so as to cover the loss of Federal aid.

The most serious effect of the premature cessation of the act has been a lack of interest due to the retirement of the Nation from this fundamental field of human endeavor. The cooperation of the Nation supplied something more than funds involved—a stimulus which the concentrated interest of the American people as a whole could alone furnish.

Thomas Jefferson, in his first inaugural address as President of the United States, included the diffusion of information among the essential principles of our Government. This bill is essentially a bill for the diffusion of needed and valuable information.

The maternity and infancy act is an information service of the highest benefit and significance. Thousands of mothers die from the perils of maternity in this country every year. One hundred thousand infants perish form lack of proper care within the first month of exist-

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it first submits a plan to the Federal Maternity Board, and until the State plan is approved by that board no Federal money shall be turned over to the State board for use in that commonwealth.

How far are we going to whittle away the division between State governments handling local questions and the National Government handling national questions? Are we going to take over one by one all of the local affairs and have them all handled here in Washington until there is nothing left of local self-government in the country, nothing but bureaucracy, regulations, and rules—not laws enacted by a legislative body after due debate in the open, but regulations and edicts issued by bureaucrats removed from the people who are not elected to office, whose terms run one year after another as long as they can hold office, who lay down the rules of conduct for these most intimate actions of the people in affairs which are purely local and not national?

If the Federal Government wants to give to each State a sum of money to be used in the protection of child life, let us give it to the States. But to go to those States and say, "We will give you money, but we will only give you the money provided you yourselves do the job in the way in which we want you to do it," is not, in my opinion, the proper thing to do. I think when the Federal Congress takes over by force the legislative functions of the respective States, or through this bribe of a Federal appropriation secures legislation from the State legislatures which they would not otherwise enact, we are treading on dangerous ground.

Perhaps the child life of America has been improved by the millions of dollars which this board sitting here in Washington has expended; but somehow or other it seems difficult for them to be reduced to concrete truths. It seems impossible to get them in such a position that we can realize that some benefit has been derived from the expenditure of this money.

No benefits have come to the child life of America from the appropriation of this money which the States could not get for themselves. In most of the States of the Union there are adequate and proper functioning State boards of health which have child welfare branches or departments to take charge of the sale of milk, and which put out a great deal of information in reference to child life. But all I have ever seen that the Federal board has done for the millions of dollars we have appropriated was to furnish to expectant mothers a little pamphlet telling them how their children would best be brought into the world in the interest of their future health. Outside of that little pamphlet which the State board of health has and which it will mail to expectant mothers, that is about the sum total of the benefits which have come from these appropriations, and yet we are to go on and spend $1,000,000 this year, not to perform a national function, but $1,000,000 to perform a State function.

When the philosophy of our Government is destroyed more babies will be destroyed than at any other time. If we want to preserve the child life of this country, one of the finest things we can do is to preserve the philosophy of America, which safeguarded to the States in the tenth amendment all of the rights and powers which were not delegated to the Federal Congress.—*Extracts, sec 1, p. 64.*

ence in this country every year. This is three times the entire number of the battle deaths of soldiers during the entire time of our participation in the World War. The vast majority of these deaths among mothers and infants are from causes that may be overcome by timely and suitable knowledge.

To cooperate with the States in distributing this timely and suitable knowledge is the purpose of the maternity and infancy bill.—*Extracts, see 1, p. 64.*

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Senator Copeland

THIS is too solemn a matter, too fundamental a thing, too important in the lives of the mothers and infants of the country to split hairs over why the legislation was enacted or how it was enacted or whether it should be reenacted.

The question was asked me about the attitude of the medical associations and why the doctors object to the legislation.

I have read the statement of the Medical Society of New Jersey and it may be a fair statement of the attitude of the medical profession generally. But there is back of this action a further thought. The doctors are very fearful of what they call "State medicine." They think the trend in the United States is in the direction of having the hospitals owned and operated by the States, and having the doctors appointed as agents of the State to administer the hospitals and perhaps to give treatment to them. There is a very fundamental objection in the medical profession to that sort of thing.

Doctors are extremely individualistic. Every doctor is an authority unto himself. I have no fault to find with that attitude. There is a great difference between law and medicine, in that the law is founded upon the principles of Justinian or promulgated by parliament or revealed by Providence; but in the medical profession every man is an authority unto himself. The standards are not fixed. He dreads the time which he fears may come when power will be conferred upon the State to give directions as to the treatment which shall be accorded disease and the method by which that treatment shall be applied. There is that great fear on the part of the medical profession.

I want to analyze, if I may, the criticism which has been made by the Medical Society of the State of New Jersey. The first objection made by the doctors is that such legislation constitutes Federal encroachment upon State rights. I fail to see that. One has but to read the original law, the act of November 23, 1921, to know exactly what was proposed in the Sheppard-Towner Act.

No one can read the original act without having swept out of his mind entirely the criticism that the pending bill proposes an invasion of the States so far as anything done within the States is concerned.

The act itself provided that its administration within the State must be by the child welfare or child hygiene division in its department of health. Nothing in the world in a medical way will be done by the non-medical agency at Washington. That agency has nothing to do except

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I AM opposing this bill not because I am opposed to infants and mothers obtaining benefits which it is declared this bill will aid in securing, but because I am opposed to measures that consolidate the States with the Federal Government and that tend to reduce them to a sort of protoplasmic mass to be moved only by the powerful arm of the Federal Government. I believe in the competency of the people of the States to govern themselves, and I think that measures of this kind challenge our dual form of government and the competency of the States and the people within their borders to manage their own domestic affairs. Our fathers drew a sharp line between the functions of the States and those of the Federal Government. Unfortunately, the gravitational forces of the Federal Government are drawing the States from their orbits, the inevitable result of which will be—if these gravitational forces are not overcome—that our form of government will be destroyed and a paternalistic or socialistic system will take its place. I have confidence in the people, in their State pride, in their ability to work out the problems, complex as they are, incident to our social, industrial, and economic conditions. If the people are led to believe that they must look to the Federal Government for gratuities, bounties, gifts, appropriations, and contributions to relieve them of obligations of local government, then the integrity of the States will be menaced and disturbing and dangerous elements will be introduced into our political system.

The President of the United States made, I believe, a suggestion that the provisions of the Sheppard-Towner Act, which, of course, no longer exists, be continued for a limited period of time. However, he was wise enough not to recommend it as permanent legislation. His position indicates that he does not favor permanent legislation containing provisions similar to those in the pending measure. The President in a recent message stated that the organization of preventive measures and health education in its personal application is the province of the public-health service. He added that such organization "should be as universal as public education, and that its support is a proper burden upon the taxpayer and that it should be based upon local and State responsibility."

A proper interpretation of this statement means that the States and local State political units should look after sanitation, health, and education. No one questions the duty of the States to provide a suitable system of education and to adopt reasonable measures in the interest of sanitation and the health of the people. Speaking of county and local communities, the President says:

"Such organization gives at once a fundamental control of preventive measures and assists in community instruction. The Federal Government, through its interest in control of contagion, acting through the United States Public Health Service and the State agencies, has in the past and should in the future concern itself with this development, particularly in the many rural sections which are unfortunately far behind in progress.

"I recommend to the Congress that the purpose of the Sheppard-Towner Act should be continued through the Children's Bureau for a limited period of years; and that the Congress should consider the desirability of confining the use of Federal funds by the States to the building up of such county or other local units and that such outlay should be positively coordinated with the funds expended

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as regards the distribution of funds and the reception of the reports. It has absolutely nothing to do with the medical application of the law; and no Federal agent, medical or lay, goes into the State to administer the act. Its administration is wholly in the hands of the medical officials of the individual States. So where is there any encroachment upon State rights or any lay application of the law?

The Children's Bureau have had nothing whatever to do with the application of the law. They have merely to do with the apportionment of the sums of money to be used by the individual States.

In the next place—and I speak of this with some degree of hesitation—I have had a number of telegrams from friends of mine in New York who belong to various church organizations. They have protested against the passage of the bill largely because of their fear that the officials might have authority to enter the homes and perhaps carry something besides medical advice—some other kind of advice.

I want to make it very clear that no agent of the Government, either Federal or State, under this act, has any right to enter any home without the full permission of both parents or of the guardian of the child. Nobody can go into a home without such permission. I want that to be thoroughly understood. Any family in any State of the Union where this act is applied may, for any reason whatever, refuse to receive the agent of the Government. The law specifically says that no member of the Children's Bureau and no agent of the Government may enter a home without permission.

The next criticism of the New Jersey Medical Society is to the effect that such a law will establish a bureaucracy in Washington where purely medical matters will be directed by medically untrained laymen. I dispute that absolutely. There is no such provision in the bill.

The Children's Bureau has the right to apportion the funds, and it is its duty to determine whether those funds are spent properly or not; but so far as any medical matter is concerned, the Chifdren's Bureau in Washington has on more to do with it than the man in the moon; it has absolutely nothing to do with the medical administration of the act.

A third objection is that seven years' experimentation under the Sheppard-Towner Act proved absolutely fruitless save to a small group of officeholders.

Frankly, I think that is a gratuitous blow to a group of very deserving persons—"that it was fruitless in result to anybody but the officers."

Twenty-five years ago, 247 babies out of every thousand born died in the first year of life, while now in New York City the rate is only 50. I do not say that the Sheppard-Towner Act was responsible for that decrease, but the very efforts which are proposed to be applied everywhere by reason of the Sheppard-Towner Act are the efforts which resulted in the miraculous change in the death rate among the infants of New York City.

When one considers the infant and maternity death rate there are many factors that must be taken into account. For instance, in the influenza epidemic of 1918 the highest death rate of any group was among pregnant women; they were the ones who died, and it is not hard to understand why. So there are many things that enter

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through the United States Public Health Service directed to other phases of the same county or other local unit organizations. All funds appropriated should, of course, be applied through the States, so that the public-health program of the county or local unit will be efficiently coordinated with that of the whole State."

When the Sheppard-Towner bill was first under consideration its propo nents asked that its life be limited to five years, stating that at the expiration of that period it would have served its purpose. However, before the expiration of the five years, some of the same forces that had advocated the bill demanded that it be continued for a further period. The result was that the law was continued for two years more.

Evidently the President's plan is that Congress shall continue the provisions of the bill for a limited time until the necessary organizations have been perfected in the States to carry forward the work pertaining to infancy and maternity. My position is that in most of the States local organizations exist and that all of the States will enact suitable legislation to deal in a comprehensive and satisfactory way with this question. Certainly the States are as much interested in the welfare of infants and mothers as are bureaucratic agencies in Washington. Personally I prefer to trust the States than to trust Federal bureaus.

There are some persons with socialistic or communistic views who regard it as a duty of the Government to take over the children and assume the duties and responsibilities of the parents. This legislation, in my opinion, has been advocated by some who have perceived in it an entering wedge for the Federal Government to take over the control and education of the children as well as the duties and functions of the States and their political subdivisions.

When the so-called maternity act was first brought to the attention of Congress those who were advocating the measure declared that it was not intended that the law should extend beyond a period of five years. If they had demanded a measure that was to fasten upon the Federal Government as a national policy the provisions of the bill, it is quite certain it would not have been passed, but under the plea that the bill was only temporary and that it would expire by limitation at the end of five years, it became a law. The opponents of the bill regarded it not only as unwise but as unconstitutional; they believed it to be an invasion of the rights of the States and a covert attempt to place the control of the children of the people under some bureaucratic Federal organization.

There were some, however, who supported the measure who were not so modest in their requests and who demanded legislation that would provide maternity hospitals throughout the United States and doctors and nurses to care for mothers and children. Under this scheme the Government was to spend millions annually to erect hospitals and to have an army of nurses and doctors, all of whom were to be under civil service and were to be paid liberally out of the Treasury of the United States. This view, however, was rejected and the bill as it became a law was materially narrowed in its provisions and, as stated, was limited to a period of five years.

Before the expiration of the five years, however, those who had proposed the legislation began an agitation for further legislation. The Committee on Education and Labor of the Senate, after examining the question, re-

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into statistics. There might be a very successful operation of any public-health program in normal times which would be utterly upset in the face of an epidemic. For instance, there was nothing in the application of the Sheppard-Towner Act which would control measles or scarlet fever or diphtheria. There might have been epidemic disease, localized epidemics as we call them, involving only a small part of the country which would elevate the general death rate.

The statement has been made that the measure has been of no importance to the country. Senator Bingham of Connecticut, when speaking about Massachusetts, used this language:

"Its neighboring State, New York, whose Senator just spoke to us about the advantages of this legislation, adopted the act of 1923, when its infant death rate was 72. In 1929, after having enjoyed the advantages of the act for six years, it was 61, a fall of 11 points in seven years, as compared with a fall of 19 points in the same length of time in the neighboring State of Massachusetts, which did not enjoy the benefits of the act. If New York had only followed the example of Massachusetts and not adopted the act they might have had their infant mortality rate fall as it fell in Massachusetts."

Of course—and I say it in all respect to a layman—anyone who has any familiarity whatever with mortality statistics and with health matters realizes the absurdity of this statement. There are many incidental things which affect statistics relating to the incidence of disease and the death rate. Anything which affects the general welfare of the community is sure to have its effect upon the maternity and infant death rate.

I was quite distressed to have one of the Senators say that infant mortality is not lowered by such a measure as the one which we have before us. Of course, that is the statement of a layman. It is a statement which cannot be and never will be indorsed by any informed physician. The opposition of physicians to this measure is not founded at all upon the belief that such public-health measures have nothing to do with the welfare of the people. Their position, as I stated previously, is based principally upon the objection of the medical profession to anything in the way of State medicine and not at all upon the effect which such measures have upon the death rate.

I find that the fourth reason advanced by the Medical Society of New Jersey is that:

"The $7,000,000 (approximately) expended by the National Government added to a like sum from the several States was largely wasted. Neither the Nation nor the States can afford to repeat such wastefulness."

Of course, if there was any waste of those funds it was because of waste on the part of the several States and not on the part of the Federal Government. I say this, because not a dollar of the money for medical purposes was expended by the Federal Government or by the Children's Bureau. That money was turned over to the States and administered wholly on the medical side by the health authorities of the various States. Therefore, I am quite confident that there is no foundation for the fourth criticism of the Medical Society of New Jersey.

The fifth objection raised by the Medical Society of New Jersey is that:

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ported a measure which was in the nature of a compromise and which continued the provisions of the bill for a further period of two years. When the bill came to the floor of the Senate it was debated at considerable length, and during the discussion, when it was obvious that the bill would not pass, an understanding was reached by the advocates and opponents of the bill. I was speaking in opposition to the bill when I was informed that an understanding had been reached by the contending forces, under the terms of which, if opposition were withdrawn and the bill permitted to pass, no further efforts would be made to renew it or to extend its life or to obtain like legislation. When this information was conveyed to me I yielded the floor and the bill was passed. I understood, as did other Senators, that there would be no further effort to secure legislation of the character contained in the bill. It is certain that the opposition to the bill would have continued and the measure would have been defeated had it not been for the agreement which was reached.

Now, after it was prolonged for two years, an effort is being made not only to revive it for two or four years more but to fasten upon the country a permanent system of Federal interference with the rights of the States.—*Extracts, see 6, p. 64.*

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Senator Walsh

THE Legislature of Massachusetts was one of the first of the legislative bodies of this country to refuse to accept the provisions of law which the pending bill seeks to perpetuate.

Its opposition was not and is not based upon antagonism of giving of aid to needy mothers at time of childbirth and the subsequent immediate care of their infants.

Its opposition is based on the ground that this measure and governmental activity is an intrusion of the Federal Government with matters distinctly local, which can be handled far more satisfactorily and at less expense by the States, counties, and municipalities. Very briefly, that is the position of the Commonwealth of Massachusetts.

So strongly did the State feel about this legislation that the legislature asked—after the enactment of the original act—the attorney general of the Commonwealth to render an opinion upon the constitutionality of the law. That opinion was written by Attorney General Allen, and he, after painstaking research of the law, declared that in his judgment the law was unconstitutional.

Later the State brought a suit in the United States Supreme Court seeking to have the law declared unconstitutional. The United States Supreme Court dismissed the suit, holding it had not jurisdiction, and declining to pass upon the question of the constitutionality of the law.

The Medical Society of the State of Massachusetts has unanimously recorded itself as in opposition to this legislation.

The Sentinels of the Republic, an organization of some 10,000 men and women throughout the country, have gone on record as opposed to this legislation. The Sentinels of the Republic are advocating the preservation of

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"It is unfair to tax progressive States that do look after the health interests of their people to give to backward or careless States that do not show active interest in the welfare of their own citizens."

Disease is no respecter of geographical boundaries. If we have a given condition of health in one State it is sure to be reflected in other States. If by reason of the failure of the so-called backward States—and that is not my own language—or if any State fails to administer its health laws properly it is bound to result in such ill health and such failure of physical and mental development on the part of infants that when they move into other States those other States, no matter how "progressive," using the term in quotation marks, they are sure to be affected adversely by this failure of other States to do their duty as regards this particular matter.

The sixth objection raised by the Medical Society of New Jersey is:

"It is unwise, if not beyond the constitutional privileges, for the National Government to enter into the practice of medicine in the States, just as unwise and as wrong as it would be to interfere with the public schools or the police force."

I am frank to say I would object seriously to any interference with the public schools or the police force in my State. But it is perfectly absurd to say that the Federal Government is going into the practice of medicine in the States, because the bill does not contemplate by any stretch of the imagination that the Federal Government is to have anything to do with the care of the individual citizens in the States.

These are my own views regarding what I think is the mistaken idea of the officials of the Medical Society of New Jersey. The majority of outstanding members of the profession, so far as I know, are heartily in favor of the legislation.

I am sure that the objections which have been raised to its enactment are not well founded from the standpoint of the medical profession.—*Extracts, see 4, p. 64.*

Senator Barkley

I FAVOR this bill. When the law was originally enacted—I was a member of the Committee on Interstate and Foreign Commerce of the House of Representatives. I believed in the legislation then, I believe in it now, because of the work which has been done and the results which have come to the people by reason of the enactment of the legislation originally.

I am not concerned, I will say frankly, over the question of any infringement on the part of the Federal Government on the rights of the States. If any of us had the time or the inclination to trace the development of the exercise of Federal power in the United States, it would be interesting to do so. I have no doubt that those who framed the Constitution never dreamed that the exercise of the powers of the Federal Government under the commerce clause would be carried to the ex-

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State rights, and have declared warfare against the growing tendency of the Federal Government to usurp the rights of the several States. So upon this question they have declared that this work is a State function, and that it should not be directed, controlled, or aided by the Federal Government.

I do not know of any public question where there has been such unanimity of opposition in my State as to this particular measure. The position the State took on the child-labor amendment to the Federal Constitution is well known. It was the first State most emphatically, I think, by a referendum vote of nearly 3 to 1, to repudiate the child-labor amendment; yet Massachusetts has the best laws of any State in the Union for the protection of children engaged in factory or other work. There is a very deep and growing feeling, which is gaining headway constantly, that the States should not be interfered with by the Federal Government in the working out of their own social welfare and educational problem. The sentiment of my State is very strongly against the cooperative plan in the management of State activities, such as health and education.

The United States Public Health Service, through Dr. Hugh S. Cumming, Surgeon General, is quoted as expressing the following sentiments:

"The Public Health Service believes that the most important factor in conserving the health of the people is the development in local communities of a sense of responsibility for their own health conditions to the point where they are willing to finance and support adequate local health organizations.

"The most effective work in the protection of maternal and child life will be done by such local health organizations as a part of the general health program for the protection of the health of the people in that community.

"Rather than create additional medical agencies, the fullest utilization should be made of the medical and sanitary personnel of the Public Health Service; and

"Instead of giving the health problem of the country fractional treatment, the aim of the bill should be to support a general health program of which, of course, the protection of maternal and child life would be an important part."—*Extracts, see 3, p. 64.*

Senator Phipps

THE purpose of this bill is to centralize control in Washington.

The bill which was passed on November 21, 1921, was supposed to provide for activities which would be educational. It was argued that if the authorities of the different States of the Union could be shown the necessity for instruction and training in matters of so-called child welfare, and in aid and assistance of expectant mothers, the States would then take up those duties through their own boards or organizations, and that it would be no longer necessary for the Federal Government to take any part. After extended hearings on the original bill in the

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tent to which it has been carried, because they did not foresee the complexity of our lives. As I have on occasions heretofore said, President James Madison, who had as much to do with the writing of the Constitution as any man in the convention, and who had more to do with transmitting to future generations what happened in the convention than anybody else, who has been called the father of the Constitution, when he was President of the United States vetoed an act of Congress to appropriate money to improve rivers and harbors, on the ground that the Constitution conferred upon Congress no such power to appropriate money. President Monroe did the same and President Jackson did the same. Even as late as 1847 James K. Polk vetoed an act of Congress appropriating money to improve internal waterways and to build highways on the same ground, that the Constitution conferred no such authority on the Federal Government.

Yet by decisions of the Supreme Court, as well as by legislative interpretation, Congress has for half a century been engaging in the very activities which the framers of the Constitution held that Congress had no power to do.

Even taking the most strict construction of the question of State rights and Federal encroachment, there certainly is no encroachment here, because these activities are carried on under the terms of the act, under the direction of the State boards of health in the States where there is a department of health created. There has been no interference with any individual rights, there has been no interference with any State rights. It has been a work of voluntary cooperation on the part of the State departments of health with the Children's Bureau in the Department of Labor. There has been no friction anywhere. They have both operated to the benefit of the women and children intended to be benefited by this legislation.

Senator Bingham of Connecticut who represents one of the three States which have persistently refused to accept the benefits of the act, a day or two ago called attention to some statistics given out with reference to the State of Kentucky. I stated in reply to him that in the State of Kentucky from 1922 to 1928, the period covered by the operation of the law, the death rate among mothers was reduced from 87 to 61 per 10,000; that the death rate among infants was reduced from 65, I believe, though I am not certain that that is the correct number, down to 49. The operation of the law ceased in 1928. There was a slight increase in the death rate in Kentucky, due to the fact that we had State-wide floods, which gave rise to malaria and other epidemics, and we had to organize in as many of the counties as possible county health agencies, through which the operation of the law in question and of other health laws was carried on. In 1929, due to the very same cause and due to the fact that the operation of the law had ceased automatically in 1929, there was a slight increase in the death rate. There is going to be another increase in 1930, although our State legislature at the beginning of 1930 appropriated $50,000 to be used by the State board of health and these county agencies to cover activities in some respects covered by this measure.

The slight increase in 1928 was due purely to local conditions over which no act of Congress could have had any effect. The slight increase in 1929 was due very

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House, it was agreed that the term of this educational period, or so-called experiment, should be five years, at the end of which time the Federal Government would not need to have anything further to do with the control of this question.

The bill passed and the act was put into operation, and before the end of the five-year period many of the States had agreed to its provisions and were taking down their pro rata share of the money. The act provided $5,000 per annum for each State, regardless of any regulation, and apportioned the remaining million dollars among the States in proportion to their population. Five States of the Union never accepted the measure.

Notwithstanding the fact that five years was expected to be the provisional period, additional time was asked for, and in 1926, in the Sixty-ninth Congress, a bill was brought forward which passed the House and was referred to the Committee on Education and Labor of the Senate. The previous bill had been handled by the same committee. That, as I said, was supposed to be an educational measure.

In 1926 I happened to be chairman of the Committee on Education and Labor. We did not find necessity for holding hearings because additional hearings had been handled by the House committee, and we had the advantage of those hearings. The committee did, however, give very careful attention and consideration to the proposal for an extension of time, carrying on at the same rate of $1,240,000 a year. After several meetings of the committee, and discussion, the Senate committee, disagreeing with the House, proposed one year's extension of time only, and that for the purpose of allowing the Federal authorities who had had charge of the administration of the act to wind up their affairs and to give the States an opportunity for another year to come in under the provisions of the act if they so desired.

The bill was reported to the Senate with that amendment. It was debated at length. It came up on three different occasions before we reached a final vote, and before the final vote was taken those who were opposed to any extension, and those who favored the one-year term only, were given to understand that in all good faith those who desired the two-year extension, if we gave them that additional period, would never again ask to have the bill reinstated, or ask for similar legislation. That understanding was very definite.

At the expiration of the two years, which was granted as an extension, an effort was made, although not a very strong effort, to renew the legislation. That was not done. On April 18, 1929, the pending bill (Senate bill 255) was introduced and referred to the Committee on Commerce. I do not know why that reference should have been made. That bill was held in the Committee on Commerce until April 9, 1930. It seems strange to me that the bill should have rested in the committee for a period of practically one year without a hearing, and then be reported favorably to this body. I am informed that hearings were requested by more than one organization but for some reason or other their requests were not complied with.

It has been suggested at various times that a measure of this nature should be administered by the Public Health Service rather than by the Department of Labor,

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largely to the fact that the morale of the county organizations which had been set up during the seven-year period under the operation of the law knew they were going to be compelled to go out into other fields at the end of 1928, when the law should cease, which made it impossible for the work to be carried on as efficiently as it had been during the seven years when the law was in effect.—*Extracts, see 5, p. 64.*

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Senator Hatfield

IT is the aim of this legislation not only to save life but to add to its desirability and happiness.

Those who oppose this legislation seem to have in mind limiting the support of the Federal Government to problems specifically enumerated in the Constitution. They at the same time disclaim the duty of the Government to extend support in a cooperative way in the absence of specific reference to such problems that possibly belong more specifically to a lesser unit of the Government. These intermediate problems are just as serious and, in many instances, more meritorious than the direct ones.

It is difficult for me to understand how any opposition could be offered by the Congress in the way of cooperation which has for its purpose the welfare and protection of the most sacred, the most important asset that any nation possesses—that is, the expectant mother, whose new-born child in many instances is largely, and sometimes solely, dependent upon the care and protection afforded by the local, State, or National Government. If the young life is properly cared for, who knows what specific benefit the child may bring to humanity in later life because of the thoughtfulness of the Government whose lawmakers were sensitive to the duty and responsibilities that were theirs by the enactment of legislation for those who could not care for themselves?

To me there can be no line of demarcation that we can justifiably recognize in the way of appropriation, service, and cooperation in the way of Federal legislation when it comes to stamping out contagious or preventable diseases to which the people are heir and from which many are dying yearly and others are maimed for life.

No possible harm or injury can come to the individual, the community, or the State by receiving assistance from the Federal Government in support of so worthy a cause —assistance in the way of furnishing money, expert advice, and pamphlets in order that the uninformed may be prepared to ward off the possibilities of contracting these dangerous diseases, which mean the loss of vision and entail human misery and also a great economic sacrifice.

That prenatal care and education of the laity and even of the medical profession in regard to the prevention of blindness are necessary and successful, is shown by a comparison of figures for the blind for 1910 and for 1920. In 1910 there were enumerated 57,272 cases of blindness. Ten years later there were 52,617, or a decrease of the number in 10 years of 4,655. This decrease was the result of a concerted effort made by the States and the National Government to prevent blindness in infancy by instruction as to the proper method of prevention.

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and I think there is very good ground for that belief. It seems to me that this is a medical matter, and that the Public Health Service should certainly be in a better position to carry on the activities than could any employees of the Department of Labor.

The pending bill and the former bill has been objected to by the American Medical Association and by other organizations as well. The American Medical Association printed in their bulletin of November, 1930, an article strongly opposing the proposed rejuvenation of the Sheppard-Towner Act. In their edition of April, 1930, they also printed an article strongly in opposition to the so-called Jones-Cooper bill, which is a rejuvenation of the Sheppard-Towner Act. In their bulletin of March, 1930, appeared a lengthy article along similar lines.

With the passage of the extension act, the law was continued in operation during the fiscal years 1928-29. None of the five States which had held out accepted the provisions of the bill during that time. At the end of the fiscal year 1929 several of the States which had been appropriating doubled their appropriations so as to continue the full activities which had been carried on within their own appropriations.

The Federal guidance of operations has now been discontinued for over a year. I do not believe any evil has resulted from that discontinuance. I feel that the States have had full opportunity to realize the advisability of having some instructions, some means of conveying to their citizens important information which they should have, some provisions for the care of expectant mothers; but all of that work in the States should be and I believe as a rule is conducted by physicians. It seems to me that we are getting into unnecessary trouble if we rejuvenate the Sheppard-Towner Act.—*Extracts, see 1, p. 64.*

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American Medical Association

THE House of Delegates of the American Medical Association, in May, 1922, declared the original Sheppard-Towner Act a product of political expediency and not in the interest of public welfare and disapproved it as a type of undesirable legislation which should be discouraged. Eight years later, the House of Delegates, after observing the Sheppard-Towner Act in operation for a period of seven years, had found no evidence to produce any change in its views with respect to the act. At the Detroit session, in June, 1930, the following resolution was approved:

"Whereas, The American Medical Association is in entire sympathy with the cooperative efforts of Federal and State agencies to establish and develop official local health organizations for the conduct of those activities which are generally recognized as the proper functions of such health departments; and

"Whereas, The usurpation of any public health function by any lay bureau of the Federal Government, which, through allotments of Federal subsidies for special health services, seeks to duplicate and administer duties and functions already placed by law on the United States

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How it can be successfully or convincingly contended that a mere appropriation of a stipulated sum of money by Congress would be responsible for the increased mortality from these diseases which the appropriation is used to prevent, is beyond my comprehension, and surely is not seriously contended by any Senator who opposes this legislation.

When we view the child hygiene division of the Children's Bureau in Washington, directed under the Department of Labor, and find men and women therein with certificates of efficiency granted to them from the best colleges, both scientific and professional, in this and other countries, we cannot but feel assured that the work is carried on with a high standard, based on thorough training and superior intellectual attainments.

Any fluctuation or upward trend of the diseases in any of the States that have qualified for the benefits of the Sheppard-Towner law could not justifiably be charged in any way to Federal meddling with the orderly procedure of the administration of the health law in any State in the Union. The fact is there is no meddling, but simply a friendly cooperation upon the part of the Federal Government, whose duty it is to see that the legislature has accepted cooperation by the enactment of the proper State law. There is no justification for anyone to resent the manifested interest of a thoughtful body of lawmakers in their efforts in behalf of the welfare and protection of the underprivileged class of our citizenship. To me it is without justification upon their part.

A million-dollar appropriation yearly for a worthy cause dedicated to humanity is a mere bagatelle in the way of a contribution by the Federal Government to the relief of our dependent citizenship.

I think the record shows that in the administration of the funds for the work covered by this bill, when such funds were available, the Department of Labor demonstrated its efficiency and its ability, and when we check up the wonderful organization, composed of graduates from the outstanding institutions of this and other countries, we cannot help concluding that the organization made available through and by the Department of Labor is quite capable of taking care of any fund which has for its purpose the relief of the unfortunate sick in the respective States of this Union who are unable to take care of themselves.

This fund is intended by the Congress of the United States as a cooperative fund, humanitarian in its application, cooperative with the health departments of the State governments, for the purpose of caring for the mother who is unable to care for herself, and when it is placed in the hands of the chief of the Department of Labor, who is not a technical man, generally speaking, but who is a humanitarian, we will have less difficulty from a technical point of view in its administration and the distribution of the appropriation than we would have were the funds placed in the hands of a department more technical.—*Extracts, see 4, p. 64.*

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Gen. Fed. of Women's Clubs

WHEREAS, the General Federation of Women's Clubs is in accord with the belief that there is a

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Public Health Service, tends to produce inefficiency and waste; and

"Whereas, The United States Public Health Service has in the past efficiently discharged its duties with respect to such matters and now, through recent reorganization, has been provided with enlarged facilities for carrying on such work; and

"Whereas, An effort is now being made to revive and perpetuate the Federal subsidy system established under the defunct Sheppard-Towner Maternity and Infancy Act, which authorized the payment of State subsidies, over a fixed period of years, on an arbitrary and irrational basis of population, without reference to the ascertained sanitary and health needs of the several States or to their ability to meet their own needs; and

"Whereas, The payment of such subsidies was made dependent on the surrender by the legislatures of the several States, to the Federal Government, of the right to supervise and control State activities in the selected field of public health; and

"Whereas, This system after seven years' trial under the administration of a lay bureau effected no improvement in the field of public health in which it was operative, notwithstanding the expenditure of millions of dollars of Federal and State money; and

"Whereas, In the judgment of the House of Delegates of the American Medical Association, any such system tends to destroy local initiative and sense of responsibility and to pay Federal funds for purposes named by the Federal Government to States not in need of Federal aid; be it

"Resolved, That the House of Delegates of the American Medical Association condemns as unsound in policy, wasteful and extravagant, unproductive of results and tending to promote communism, the Federal subsidy system established by the Sheppard-Towner Maternity and Infancy Act and protests against the revival of that system in any form;

"Resolved, That it is the sense of the House of Delegates that each State should be left free to formulate its own health programs, with the cooperation of the United States Public Health Service if desired by the State, free from any inducement or compulsion in the way of Federal reward or coercion;

"Resolved, That any legislation involving cooperation between the Federal Government and the several States in the field of public health must, in the interest of efficiency and economy, in the judgment of the House of Delegates, be administered under the joint supervision and control of the United States Public Health Service and the State health authorities; and be it further

"Resolved, That copies of these resolutions be sent immediately to the President of the United States and to every Senator and Representative in Congress."—*Extracts, see 8, p. 64.*

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The Woman Patriot

1. There have been no Senate hearings on Federal maternity and infancy legislation since April, 1921. That was seven months before the enactment of the Sheppard-Towner Act of November 22, 1921, and upon a bill that

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definite need for the further systematic development of public-health work in the United States; and

Whereas, it is our belief that the development of official local health organizations through which child hygiene and other health activities can be most economically and effectively conducted is a proper function of Federal and State governments; and

Whereas, it appears consistent with good administration that there should be cooperation between Federal health agencies, the United States Children's Bureau, and the United States Public Health Service in their respective fields, and official State and local health agencies toward this end; and

Whereas, there is a most pressing need for additional Federal cooperation and support, including financial assistance, in the further development of efficient State and local health service, their assistance having for its primary object the stimulation of a larger sense of local responsibility for public-health work. Therefore, be it

Resolved, That the General Federation of Women's Clubs indorse these principles as well as the work of the United States Public Health Service, other Federal health agencies, and the United States Children's Bureau, for the further development and strengthening of State, local, and county health activities and the work for maternal and infant hygiene.—*See 1, p. 64.*

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National League of Women Voters

WHEREAS, the National League of Women Voters has since 1921 considered the promotion, through legislation, of the movement for maternal and child hygiene one of its primary responsibilities; and

Whereas, the act for the promotion of the welfare and hygiene of maternity and infancy, during the seven years of its wise and sound administration under the Children's Bureau, immeasurably quickened the progress of this movement, through the aid and stimulus it gave to the States in scientific information and intelligent service; and

Whereas, the need for a continuing program of education on a nation-wide scale in this field has become increasingly apparent; and

Whereas, there are at present various bills before the Congress providing for the resumption of the maternal and child hygiene program. Therefore, be it

Resolved, That the National League of Women Voters express to the President of the United States its appreciation of the statement in his annual message to the Congress: "I recommend to the Congress that the purpose of the Sheppard-Towner Act should be continued through the Children's Bureau for a limited period of years"; and be it further

Resolved, That the National League of Women Voters urges the passage of adequate and immediate legislation for the promotion of maternal and child hygiene with the provision for continued cooperation between the health and educational agencies of the Federal Government and for the administration of the act by the United States Children's Bureau.—*See 1, p. 64.*

was entirely revised in the House. No Senate hearings have ever been held on the present bill or the former act.

2. The Jones bill (S. 255) is in conflict with—

(a) The Constitution of the United States.

(b) The State rights planks of both party platforms of 1928.

(c) The "gentleman's agreement" made in the Senate in January, 1927, at the request of advocates of the Sheppard-Towner Act, who not only declared it "proposed in good faith" and that "the agreement will be carried out" but made it a part of the statute itself—section 2, act approved January 22, 1927—to "end" and "cease" and "repeal" such legislation.

(d) President Hoover, in his message to Congress December 3, 1929, which he reaffirms in his message of December 2, 1930, approved Federal aid for maternity and infancy, but recommended that "such outlay should be positively coordinated with the funds expended through the United States Public Health Service." Therefore, the Jones bill is in conflict with the President's announced plans and recommendations.

(e) Two bills were introduced in Congress since the Jones bill was reported April 9, 1930, to carry out the President's plans:

H. R. 12995, by Representative Cooper, June 16, 1930, and S. 4738, by Senator Robsion, June 18, 1930.

These bills are identical, revive Federal supervision of State "health" and "welfare" work, but under a "Federal health coordinating board."

To rush through the Jones bill without hearings, report, or consideration of the President's bills, plans, and recommendations is manifestly unfair to the President.

(f) The President appointed a commission of some 1200 persons more than a year ago to consider "child health and protection." The subcommittee on Federal health organization of that conference recommended with only one dissenting vote—that of Miss Grace Abbott, Chief of the Federal Children's Bureau—the transfer of some of the "health" activities of that bureau to the supervision of the Public Health Service.

The President in opening the recent White House conference on child health and protection, expressed the wish that this point of controversy be referred to a continuing committee of the conference for further consideration.

Miss Grace Abbott, Chief of the Children's Bureau, and Mrs. Florence Kelley, despite the President's wishes, took this controversy to the floor of the conference and to the newspapers, organized "pressure" through letters and telegrams from certain women's organizations, and secured the repudiation of the preliminary report, and an indorsement of their demand for continuation of "health" administration of maternity and infancy legislation by the Children's Bureau.

Nevertheless, despite the newspaper headlines, the pressure, and the propaganda engineered by Mrs. Kelley and Miss Abbott, it appears, from official proceedings, that the entire controversy "is subject to further consideration by a continuing committee as proposed by the President."

The final reports of the President's conference on child health and protection are not expected to be ready until February, 1931. Manifestly, therefore, the present effort to rush the Jones bill through Congress is an attempt to

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◀ PRO ▶ National Congress of Parents and Teachers

THE national congress, through the action taken by the delegates attending its annual conventions, and through the action of its State branches at their State conventions, supported the bill passed in 1921 known as the Sheppard-Towner Act, and the extension of its authorized appropriation in 1927. It also furthered, through its State branches, the acceptance of the act by the legislatures of many States and has cooperated with the directors of maternity and infancy work in the various States, particularly in their preschool health programs. S. 255 has the support of the national congress and many other organizations.

The Children's Bureau has for seven years administered the act for the promotion of the welfare and hygiene of maternity and infancy, with results which are well known to us all. The original act was passed, and it was agreed that the Children's Bureau, which was created to deal with the problems of childhood as a whole, was the proper agency to administer it. The National Congress of Parents and Teachers supported that theory in Congress, and is of the opinion that the past seven years have demonstrated the wisdom of the decision.

There is urgent need for a continued program of Federal and State cooperation in maternity and infancy work.—*See 1, p. 64.*

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National Women's Trade Union League of America

WE represent the organized industrial women of the United States and hold the indorsement of the American Federation of Labor.

Realizing that the health of mothers and children is of fundamental importance, especially to the workers of the country—and to our Nation as a whole—we have, since its inauguration, indorsed and supported the program made possible by the Sheppard-Towner Act and ably administered by the Children's Bureau.

This indorsement has been given at our successive national conventions and in turn has become the program of our local leagues.

During the past winter our membership has shown a more than ordinary concern in securing the passage of adequate legislation to continue this program.

We hope that action may be taken to continue the Federal work for maternity and infancy hygiene, according to the method that has been successfully tried out by the Children's Bureau.—*Extracts, see 1, p. 64.*

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Women's Joint Statement

FOR more than 10 years we have actively worked for and supported a program for the promotion of maternity and infancy hygiene by the Federal Government

Continued on next page

Woman Patriot *Cont'd* ◀ CON ▶

foreclose the issue and carry out the plans of Mrs. Florence Kelley, the communist, and Miss Grace Abbott, Chief of the Children's Bureau, before the final report of the President's commission is available.

3. The arbitrary action of the Senate Commerce Committee in reporting out S. 255 without hearings is unfair to the Senate and the public for the following reasons:

(a) The report (No. 369) misrepresents the Jones bill as a measure "to amend the maternity act," without informing the Senate that there is no such act to amend and without mention of its repeal.

(b) The report of the Senate Commerce Committee itself (No. 369) consists of 11 lines, the remainder being made up of a letter from the Secretary of Labor, dated May 31, 1929, and House reports of 1926.

(c) No statistics of infant or maternal mortality later than 1924 are furnished in the report.

The letter of the former Secretary of Labor, dated May 31, 1929, expressing fear that the end of the Federal maternity act in June, 1929, would mean loss of mothers' and children's lives, is quoted in the report, notwithstanding available reports of the Census Bureau showing a decrease of infant mortality in almost every week since July 1, 1929. (See Weekly Health Index, issued by the Division of Vital Statistics, Bureau of the Census.)

The neglect of the report to furnish the Senate accurate and timely information as to the administration of the former maternity act and its results, if any, upon infant and maternal mortality after nearly eight years of operation, and now a year and a half since its repeal, implies failure of the committee to find such statistics favorable. Hence, the reliance upon a House report of 1926 (ignoring later House reports) is evidence that later and more complete information that a Senate committee itself might collect today would not tend to promote the adoption of the Jones bill.

(d) On the part of the Senate, bills are obviously referred to committees so that fair and adequate information may be assembled in one public record, after competent testimony on all points has been heard—under oath if necessary. A 4-year old report with 11 new lines—on a subject that has occupied 1,200 specialists of one of President Hoover's commissions for more than a year—is manifestly useless to the Senate.

4. Representatives of three distinct groups of citizens, who have all thoroughly studied this legislation, and have opposed it since 1921, appealed for hearings. Typical of these groups are:

(a) The American Medical Association and various State, county, and city medical societies, opposing so-called State medicine and socialized medicine, particularly when practiced by amateurs and laymen with only political qualifications, if any, to advise physicians, nurses, and mothers on maternity and infancy care.

(b) Such organizations as Sentinels of the Republic, consisting largely of lawyers opposing unconstitutional legislation tending to destroy local self-government and individual freedom.

(c) Organizations and publications conducted by women, many of them having had experience in public-health matters, who oppose supervision of local medical practice and domestic relations by a distant Federal bureaucracy. Among these are your petitioners. These

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through the Children's Bureau in the Department of Labor.

The work of the Children's Bureau in the administration of the Sheppard-Towner Act has received the approval of social workers, health officers, physicians, and other technical experts, as well as interested laymen throughout the country. This approval is recorded in scientific surveys and in testimony given at congressional hearings. In fact, the evidence in favor of renewal of the program has been overwhelming, both from the point of view of popular interest and on the basis of technical appraisals of the work done. For this reason we are unanimous in urging that immediate provision be made to renew this work in the Children's Bureau, so that the Federal program for the welfare of mothers and children can continue without further interruption.

This tested plan with its tried machinery in the Children's Bureau, as embodied in the Jones bill, S. 255, can be continued without delay if authorized by Congress.

This program is the most admirable contribution of this country to the cause of healthful motherhood and childhood.

American Association of University Women, Mrs. Glenn Levin Swiggett; American Federation of Teachers, Selma Borchardt; American Home Economics Association, Lita Bane; American Nurses Association, Clara Noyes; Council of Women for Home Missions, Florence E. Quinlan; National Board, Young Women's Christian Association, Mrs. John H. Finley; National Congress of Parents and Teachers, E. E. Watkins; National Consumers' League, Florence Kelley; National Council of Jewish Women, Mrs. Sydney M. Cone; National League of Women Voters, Mrs. Roscoe Anderson; National Women's Trade Union League of America, Rose Schneiderman; Service Star Legion, Mrs. Robert K. Noble.—*Extracts, see 1, page 64.*

▼

Dr. Rudolph W. Holmes

THE medical profession has felt that the Sheppard-Towner Act was for the purpose of the Federal Government going into the practice of medicine—the entering wedge of State medicine. The profession does not know the real purpose of the Sheppard-Towner law.

I have followed the effects of the maternity and infancy act and feel very strongly that its essential purpose and result has been a highly profitable educational campaign; it has brought to the attention of women, especially of rural and small communities, the knowledge what prenatal care will do in safeguarding their lives and the lives of their infants. At the same time this knowledge has been brought to the rural physicians and midwives. As both physicians and prospective mothers have been educated as to the vital necessity of adequate prenatal care, and have seen to it that this care has been meted out to the prospective mothers, the advance in rural obstetrics, especially in the South, has been of startling value. I firmly believe that the Sheppard-Towner Act has effected such progress in rural obstetrics that at the present moment the gains are surely 25 years ahead of where

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women are also determined to resist the entire socialist-communist program to make women and children wards and dependents of the State—of which revolutionary program this legislation is a repeatedly proved part, originated and still being engineered and promoted chiefly by a disciple of Friedrich Engels himself.

5. A documented history of the original "drive" to establish the Children's Bureau and of the leadership of all its subsequent "drives" for "a full grant of power" over American homes and children by Mrs. Florence Kelley (formerly Florence Kelley Wischnewetzky) was published in the Congressional Record, May 31, 1924, and July 3, 1926.

These facts—which have never been refuted—need no repetition here. But it is significant that the present "drive" also for the Jones bill—and against the Robsion-Cooper bill and the recommendations of President Hoover and his Child Welfare Commission—is also being led by the communist, Mrs. Kelley.

Mrs. Kelley is probably the only living communist leader personally trained by Friedrich Engels himself. Engels was the financial backer and coauthor with Karl Marx of the Communist Manifesto, Das Capital, etc., and was called by the communists "sole guardian of the world revolution after the death of Marx."

Engels was the author of the Origin of the Family, Private Property, and the State—a ruthless attack upon marriage and morality as well as property—and Mrs. Florence Kelley was his chosen American translator and chief lieutenant.

So important to communists was the Engels-Kelley correspondence that the Moscow communists themselves are still taking lessons in the art of promoting "revolution in America" from the Engels-Kelley correspondence of 40 years ago.

The May 1928 issue of The Communist, official monthly organ of the Communist Party of the United States of America, declares:

"The correspondence between Engels and his translator (Mrs. Kelley) connected with the entire project are of the utmost importance to present-day Marxists in America (p. 308)."

6. President Hoover served at Washington as Secretary of Commerce—during all the agitation of what Vice President Dawes once called "the maternity block" in 1921, 1926, 1927—and went through the presidential campaign of 1928 without once being quoted in favor of the maternity act.

After his inauguration President Hoover appointed a Child Welfare Commission, but allowed the maternity act to expire June 30, 1929, without a single public statement in its favor.

The Jones bill (S. 255) was introduced April 18, 1929. No interest by President Hoover was publicly indicated. On October 17, 1929, a delegation of women called upon President Hoover "to enlist his support" for the Jones bill.

But President Hoover in his message to Congress December 3, 1929, wrote:

"I recommend to the Congress that the purpose of the Sheppard-Towner Act should be continued through the Children's Bureau for a limited period of years; and that the Congress should consider the desirability of confining

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they would have been without this act. I firmly believe that, the Children's Bureau may continue the good work.

I would point out that such aid can not show results in a year—the full benefit will accrue as the years pass. Inspired by the Sheppard-Towner Act, improved obstetrics has been brought to the poor woman in the backwoods and the mountain sections; each year the gain in the lowered mortality and morbidity rate will show marked improvement.

No one has seriously objected to appropriations for the eradication of the boll weevil, corn borer, hog cholera, etc.; why should there be objection to the saving of maternal and infant life when such life is worth at least $10,000 per capita to the Nation?—*Extracts, see 4 p. 64.*

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Dr. George Gellhorn

FOR the past six years I have watched with interest the work that has been accomplished in Missouri as the result of State and Federal cooperation under the the Sheppard-Towner Act. The State health department, through its division of child hygiene, has done valiant service by holding child-health conferences in rural and inaccessible districts, and by advising and helping mothers who asked for instruction and aid both before and after childbirth. I am convinced that this work has appreciably lessened the infant death rate in Missouri.

It is important that this excellent attempt at reducing useless sacrifices of life should go on without interruption. It was, therefore, with great pleasure that I learned of the bill which will provide for a child-welfare extension service in the Children's Bureau to promote the welfare and hygiene of mothers and children and aid in the reduction of infant and maternal mortality.—*Extracts, see 4, p. 64.*

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Dr. Samuel M'Clintock Hamill

I HAVE followed the administration of the Sheppard-Towner Act very closely during the years it has been effective and thoroughly convinced myself of its value in the saving in life and the upbuilding in health of mothers and children. However, evidence much more valuable than that which I can give—namely, the unanimous support of the health officers of the country throughout its entire history—is available. I have never quite comprehended the animus of the opposition to the Sheppard-Towner Act. The assumption that the States are capable of meeting the maternity and child-health needs of the country is not well founded. I know of no State in the entire country in which there is a sufficiently large appropriation to meet the health needs, and all the health officers have a tremendous struggle from year to year to secure the paltry sums granted them.

We have thought for so many years in the terms of ill health that the great American public has not yet become educated to the point of realizing that most of the ills

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the use of Federal funds by the States to the building up of such county or other local units and that such outlay should be positively coordinated with the funds expended through the United States Public Health Service, etc."

This recommendation of the President of the United States received no consideration whatever by the Commerce Committee, as the report shows.

Manifestly President Hoover's recommendations of a revival of Federal maternity work through the Children's Bureau—but "positively coordinated" with the Public Health Service—was in the nature of a compromise.

From our point of view that compromise is unwise, but made in good faith by the President, who undoubtedly hoped that the Child Welfare Commission would find some solution of the problem, satisfactory to everybody, by "conferences"; just as the President has appointed other commissions in the hope of finding some basis of agreement on other great public controversies.

Miss Grace Abbott, Chief of the Children's Bureau, who, in the New York World feature article of March 9, 1930, after the real leader, Mrs. Kelley, was quoted at great length, is reported to have said:

"Mr. Cooper has not discussed his new measure (H. R. 12995) with me. * * * The whole question as to whether or not the administration of the work should be intrusted to the Children's Bureau or to some other agency was thoroughly discussed when the Sheppard-Towner Act was passed."

In short, Mrs. Kelley and Miss Grace Abbott insist that the question is foreclosed—that neither the President, the President's Child Welfare Commission, nor Congress, shall alter by a comma their own "expanding program" for power!

Mrs. Kelley, who is now leading the propaganda lobby to "put over" the Jones bill before the White House conference continuing committee can make its final report, was as stated also the leader of the 1921 "drive" for the Sheppard-Towner Act.

"Senator Kenyon (who had charge of the bill in the Senate) told me that if members could have voted on that measure secretly in their cloakrooms it would have been killed as emphatically as it was finally passed in the open under the pressure of the joint congressional committee of women."

Thus it was admitted that lobby pressure—organized and led by the communist, Mrs. Kelley—secured the enactment of the Sheppard-Towner Act in 1921.

Mrs. Kelley who led the campaign for the establishment of the Children's Bureau in 1912 has led every one of its drives for more power since.

Among the other leaders of that original "drive" it may be noted that Dr. Anna Louise Strong (who conducted propaganda meetings throughout the country in 1911 for the establishment of the Children's Bureau), after serving as "exhibit expert" of the Children's Bureau until 1916, afterwards led the great Seattle "general strike" and is now editing the only communist organ in English published at Moscow!

The "infant mortality" studies made by the Children's Bureau at the suggestion of Mrs. Kelley in the slums of eight selected cities were used as a basis for the communist doctrine that "the public must assume this respon-

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we are subject to are preventable. The tremendous cost to the National of sickness, not alone to the individual family but through its handicapping influence to every art and industry, does not seem to be understood. Most of these handicaps have their beginnings in infancy and childhood. We appropriate vast sums of money for the education of our children, but health, which is fundamental to all else in life, is given very little consideration.

A few years ago Doctor Tigert, Chief of the Bureau of Education, issued the statement that 50 per cent of the children in the first grades of our schools were repeaters. Each repetition cost the country $80. As a very large percentage of these repetitions were due to ill health, and as there were 4,000,000 children in the first grades of our schools, you can readily compute the cost to the country of these handicapping influences.

The thing that is most needed in the health field today is the work which has been made possible by the Sheppard-Towner Act and which should be continued. It has an educational influence that is highly important.—*Extracts, see 4, p. 64.*

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Portsmouth O. Times

THE Jones bill (S. 255) for the promotion of the health and welfare of mothers and infants carries out the purposes of the Sheppard-Towner Act, allowed to lapse in 1929 after having been in effect continuously since 1922.

The momentary significance of the legislation is comparatively insignificant. The total appropriation contemplated is $1,000,000, all to be matched by the states, each of which obtains a minimum of $15,000. The remainder is divided proportionately to population. The funds thus obtained are used by state agencies to promote the health and welfare of infants and expectant mothers, under standards and methods approved by the federal children's bureau. It is specifically provided that no state or federal official may enter any home, or take charge of any child over parental objection also that nothing in the bill may be construed as limiting the power of a parent to determine what treatment may be provided for a child. In substance, the Jones bill differs little from the Sheppard-Towner act, the principal point of difference being that the latter provided a flat appropriation for each state of $5,000, with an additional million to be distributed proportionately to population. There is a decrease of approximately a quarter of a million dollars in the annual appropriation.

It is natural to presume that any legislation designed to aid expectant mothers and better infant welfare conditions should be adopted eagerly by the senate. Nevertheless, the course of the Jones bill in the senate has been far from easy. Championed by Senators Copeland and Hatfield; both physicians, it has been opposed bitterly by Senators Bingham and Walsh of Connecticut and Massachusetts, respectively.

Neither Connecticut nor Massachusetts ever matched their share of the federal appropriations under the Sheppard-Towner act. Reasons for the opposition as deducted from opinions and evidence offered by them on

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sibility" for the care of maternity and infancy, through a "nation-wide program," including not only "cash allowances" (childbirth doles or "maternity benefits" for mothers), but also the socialization and nationalization of "nurses, doctors, conference centers, and hospitals" for maternity and infancy care, "irrespective of income." That was the original scheme behind the original "maternity bill" drafted by the Children's Bureau and introduced by Miss Jeanette Rankin, July 1, 1918.

A comparison of the Children's Bureau Fifth Annual Report, of October, 1917, pages 44-48, proclaiming "public responsibility" for "maternity and infancy" in America, with the proclamation at the same time (October, 1917) by Alexandria Kollontay, then Soviet commisar of social welfare at Moscow (who had previously made two visits to the United States in 1915 and 1916) for "protection of mothers and children" as a "duty of the government" and maternity as a "service to the State" under communism, will demonstrate to any honest investigator that the bolshevik program and the Children's Bureau program for "public responsibility" were either drawn up in collusion or else both programs derived from a common communist source.

The Children's Bureau publication No. 57, "Maternity Benefits Systems in Certain Foreign Countries," issued in 1919, declared Alexandria Kollontay's book, "Society and Motherhood":

"The most comprehensive study of maternity benefits and insurance which has yet appeared in any language."

While Mrs. Kelley seems clearly responsible for most of the "drives" of the Children's Bureau, it appears that the "maternity benefits" scheme—of which the Jones bill is the present fruit—came straight from Alexandria Kollontay.

That scheme was undoubtedly brought to the United States by Kollontay in 1915 and 1916, and was launched simultaneously by Kollontay at Moscow and by Miss Lathrop, then Chief of the Children's Bureau at Washington, in October, 1917.

These drives of the Children's Bureau for a "full grant of power" over American homes and children have led to four suits in the Supreme Court—the Child Labor cases and the Maternity Act cases—and to one proposed constitutional amendment—which was overwhelmingly rejected by 36 States and ratified only by 5—after the Kelley-Abbott lobby had misled Congress to believe that the "organized womanhood of this country" wishes to turn over control of their children—and persons under 18 years—to the Children's Bureau.

There is no more reason to believe the women of the United States are favorable to the Jones bill—or favorable to the communist Mrs. Kelley and the bureaucratic Miss Abbott, as against the plans of President Hoover and everybody else for child welfare—than there was in 1924 to suppose them favorable to the extreme and revolutionary child labor amendment.

Many women's organizations, in fact, are on record vigorously against the communistic schemes and propaganda of the Children's Bureau; such representative women's organizations as the American War Mothers, the Daughters of 1812 and the Daughters of the American Revolution.—*Extracts, see 2, p. 64.*

the floor of the senate, are: that legislation embodying the purposes of the Sheppard-Towner act is unconstitutional, that it constitutes encroachment upon states' rights, that the money and effort expended in administration of the Sheppard-Towner act were fruitless, that such legislation taxes progressive states for backward states, and that it is unwise, at least, for the federal government to enter into the practice of medicine.

None of the reasons is valid. The Sheppard-Towner act never was declared unconstitutional, except by the attorney general of Massachusetts. It does not affect states' rights because the appropriations under it are administered by state agencies also because it either does work left undone by the states or supplements programs already in operation. Money and effort, by no means, are fruitless; if they only save one life—and the Sheppard-Towner act certainly did that much. Taxing progressive states for backward states has a familiar ring—and a dull one. When a $25-a-week clerk gives $5 to charity he does as nobly as a $500-a-week executive who gives $100.

The last reason, the one that has caused the greatest volume of debate in the senate, is ridiculous. The federal government is not "entering into the practice of medicine." It only offers a program and a relatively small amount to aid mothers and their children. The bulk of the money appropriated for the Sheppard-Towner act was used for education—pamphlets, illustrated lectures and the like.—*Extracts, see 9 p. 64.*

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Washington Daily News

THE voice of organized womanhood of America has been heard in the overwhelming State victory for the Jones maternity-infancy aid bill.

The Jones bill would re-enact in all its essentials the late and highly successful Sheppard-Towner Law. The chief essential in both is the unhampered administration of this work by the Children's Bureau. It is essential because for seven years this bureau, headed by Miss Grace Abbott, did its work of saving mothers and babies so effectively. No one ever will know the lives this great humane adventure salvaged, the suffering it prevented, the lasting benefit it brought to the nation's mothers. The starving of this work by a niggardly government in 1929 is one of the crimes that posterity will chalk up against our democracy.

Probably the House now will seek to substitute for the Jones bill its own Robsion-Cooper bill, which we are told the President supports. It limits maternity-infancy aid of $1,000,000 yearly to five years, and subjects plans for this work to a Federal board upon which Miss Abbott would be a minority.

The maternity-infancy administration should be left unhampered and untrammeled in the Children's Bureau.—*Editorial January 13, 1931.*

THIS bill (S. 255) is, except for minor details, identical with the Sheppard-Towner Act, which was in effect between 1922 and 1929, and is accordingly open to all the objections to which the former law was open.

The effect of the bill, in short, is to set up a dictatorship over the whole nation-wide fight to reduce the infant and maternal mortality rates and to centralize that authority in a bureau of the Government which was under severe fire at the recent child welfare conference. The Federal Government cannot invade the domain of the States vi et armis, but bureaucrats have found a way around this difficulty. Dollar-matching legislation opens the way to peaceful penetration.

There is no convincing evidence that the Sheppard-Towner Act in seven years of operation did any good that could not have been accomplished without invasion of State rights. The opposition of the American Medical Association to a bill of this character is a sufficient exposure of its pretensions.—*Extracts, see 6, p. 64.*

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The National Republic

THERE is much that federal and state governments can do in the interests of children. Covering the nation with a swarm of hired agents of politics to assume guidance of child-life in contravention of the traditional rights and duties of parents, is a disservice.

It would be better to educate parents in their duties to their children—duties that are being abandoned with the growth of the idea that personal responsibility is at an end and that the obligations of parenthood should be assumed by the Great White Father at Washington.

Every revolutionary philosophy of necessity strikes at the institution of the family—the home. It is the nursery of character, and as George Washington said to Patrick Henry, character is the "cement which binds" our form of government. The home is the abiding place of natural human affection, which those forms of despotism known as socialism and communism would destroy. The whole philosophy of revolutionary radicalism finds its inspiration in hatred—the home is a republic based on love.

It is natural that revolutionary radicals should press upon Congress, as they are now doing, legislation which would supply the entering wedge for the substitution of federal for family control of childhood. The ultimate goal of radicalism is the seizure of the child from the parent at an early age, and its conversion into a cog in the vast political machine through which it is proposed to control mankind against all its better instincts. Revolutionary radicalism proposes the abolition of divine worship, and the worship instead of the industrial and political machine.

And so it is being demanded of Congress that a beginning be made on substituting the politician for the parent in the control and guidance of youth. Behind this formidable movement lurks the sinister face of communist and socialist despotism.—*Extracts, see 7, p. 64.*

Action on Public Measures ▼ ▼

By Senate and House, January 5, to January 17, 1931

Aliens, Deportation of

Senate:

On December 8, the Senate passed a resolution introduced by Senator Hayden, Arizona, D., (S. Res. 355) calling on the Secretary of Labor to furnish the Senate with information as to the number of aliens in the United States who entered unlawfully, who are subject to deportation and what is necessary to effect their deportation. Discussed December 8, January 5, 10, 15.

House:

Two House joint resolutions on aliens are before committee: H. J. Res. 418, providing for further restrictions on the acquisition of American citizenship, Committee on Immigration and Naturalization; and H. J. Res. 435, authorizing the use of the military forces to suppress the smuggling of aliens, Committee on the Judiciary.

Appropriations, Annual

Five of the regular annual appropriations bills and the first deficiency bill have been reported from the House Committee on Appropriations and are in various stages of progress toward final passage. Their status on January 19 was as follows:

Treasury and Postoffice, 1932—H. R. 14246

House:

Reported Dec. 3. Passed Dec. 5. Discussed Dec. 3, 4, and 5.

Senate:

Reported from Committee on Appropriations Dec. 10. Passed Dec. 15. Discussed Dec. 15. Sent to Conference Jan. 15.

Interior Department, 1932—H. R. 14575

House:

Reported Dec. 8. Passed Dec. 12. Discussed Dec. 8, 9, 11, and 12.

Senate:

Reported Dec. 16. Discussed Jan. 5, 10, 15.

Agricultural Department, 1932—H. R. 15256

House:

Reported Dec. 16. Passed Dec. 19. Discussed Dec. 16, 19, and 20.

Senate:

Reported Jan. 14.

First Deficiency, 1931

House:

Reported January 5. Passed January 7. Discussed January 5, 6, 7.

War Department, 1932—H. R. 15593

House:

Reported Jan. 5. Passed Jan. 15. Discussed Jan. 9, 10, 12, 13, 14, and 15.

Senate:

Referred to Committee on Appropriations, Jan. 16.

State, Justice, Commerce, and Labor, 1932—H. R. 16110

House:

Reported, Jan. 13.

Battleships, Modernization of

Senate:

On January 16, the Senate passed S. 4750, authorizing an appropriation of $30,000,000 for the modernization of the battleships New Mexico, Mississippi and Idaho. Discussed December 8, January 14, 15, 16.

House:

An identical bill, H. R. 12964, was reported from the House Committee on Naval Affairs, June 28, 1930 and is on the House Calendar.

Chain Stores (Fair Trade Bill)

House:

On January 27, 1930, the House Committee on Interstate and Foreign Commerce reported H. R. 11, introduced by Representative Kelly, Pa., R., providing for the fixing by manufacturers of resale prices of commodities in interstate commerce. On June 11, 1930, the House Committee on Rules reported a resolution, H. Res. 245, to make H. R. 11, the unfinished business of the House. On December 8, 1930, Representative Snell, N. Y., R., chairman of the Rules Committee, announced that J. Res. 245 would be called up as soon after the Christmas recess as the status of emergency legislation warranted. Discussed: Dec. 8, Jan. 16.

Changing Sessions of Congress, Inauguration Date, etc.

Senate:

On June 7, 1929, the Senate passed a Senate Joint Resolution (S. J. Res. 3) introduced by Senator Norris, Nebr., R., providing for changing the dates of the meeting of Congress and the dates of the inauguration of the President and Vice President.

House:

This resolution was referred to the House Committee on the Election of President, Vice President, and Representatives in Congress. On April 8, 1930, the House committee substituted for the Norris resolution a similar resolution by Representative Gifford, Mass., R., and reported the Gifford resolution, H. J. Res. 292, to the House. The Gifford resolution is on the House Calendar. Discussed Dec. 3, 1930.

Copyright

House:

On May 28, the House Committee on Patents reported a bill by Representative Vestal, Indiana, R., H. R. 12549, providing for a revision of the existing copyright laws and authorizing the United States to join the International Copyright Union. On June 12, the House voted to recommit the bill. The committee reported it back to the House on June 13 and on June 23 it was again recommitted. It was reported from committee again on June 24.

On June 12, a House resolution, H. Res. 243, was passed making the Copyright bill the unfinished business of the House. It was not reached before adjournment at the past session but was brouht up under H. Res. 243 and passed by the House on January 13, 1931.

Senate:

On January 14, Senator Dill, Washington, D., moved that the bill lie on the table before being referred to committee. The bill is expected to be referred to the Committee on Patents for hearings before being reported back to the Senate.

Cotton Exchange Investigation

Senate:

On December 3, the Senate passed a Senate Joint Resolution (S. J. Res. 195) introduced by Senator Sheppard, Texas, Democrat, authorizing an appropriation of $75,000 for an investigation by the Department of Agriculture of speculation in cotton futures. Discussed December 3.

House:

On December 8, the resolution was referred to the House Committee on Agriculture.

Drought Relief, Authorization

Two resolutions authorizing the appropriation of money to be loaned to farmers in areas affected by the drought of 1930 for the purchase of seed and supplies for the 1931 crop were introduced in Congress on the opening day of the session, December 2, 1930, Senate Joint Resolution 211, authorizing an appropriation of $60,000,000 and House Joint Resolution 411, authorizing the appropriation of $30,000,000. The Senate resolution was passed on December 9. It was referred to the House Committee on Agriculture, December 10. The House Committee substituted the House resolution and reported it on December 17. The House passed the substitute resolution on December 18. The resolution was sent to conference on December 18. A compromise was reached on an authorization of $45,000,000. This compromise resolution passed both Houses on December 19 and was approved by the President on December 20.

Drought Relief, Appropriations

House:

On January 5, the House Committee on Appropriations reported H. J. Res. 447, appropriating $45,000,000 for drought relief loans as authorized in H. J. Res. 411. This resolution passed the House on January 5. Discussed January 5. Jan. 16.

Senate:

On January 5, the Senate passed H. J. Res. 447 with an amendment offered by Senator Caraway, Ark., D., adding $15,000,000 to be used by farmers for the purchase of food for their families. Discussed January 5, 8, 9, 10, 13, 14, and 16. The resolution was sent to conference on January 13. The Senate receded from its amendment on January 14, and the resolution was passed. Approved by the President on January 15.

On January 17, the Senate, without a record vote, adopted an amendment to the Interior Department Appropriation bill, offered by Senator Robinson, Ark., D., appropriating $25,000,000 to be used by the Red Cross for supplying "food, medical aid and other essentials to afford adequate human relief, in the present national emergency, to persons otherwise unable to procure the same." Discussed January 16, and 17.

Maternity and Infancy

(See page 35 of this number for action)

Merchant Marine, Construction Loans

House:

On February 28, 1930, the House passed a bill, H. R. 7998, so amending the Merchant Marine Act of 1929 as to fix 3½ per cent as the minimum rate to be charged by the Shipping Board as interest on loans for the construction of merchant ships.

Senate:

H. R. 7998 was referred to the Committee on Commerce, from which it was reported on April 24, 1930. Passed by the Senate, Amended January 13, 1931. Discussion December 15, 16, and January 13.

Motor Buses

House:

On March 14, 1930, the House passed H. R. 10288 to provide for the regulation of motor bus traffic in interstate commerce.

Senate:

On April 14 the Senate Committee on Interstate Commerce reported H. R. 10288 with amendments. Recommitted on Dec. 4, 1930. Discussed Dec. 2, 3 and 4.

Muscle Shoals

Senate:

On April 4, 1930, the Senate passed a Senate Joint Resolution, S. J. Res. 49, introduced by Senator Norris, Nebr., R., providing for Government operation of the Muscle Shoals power and nitrate projects. Discussed Dec. 8, 1930, Jan. 10, 1931.

House:

S. J. Res. 49 was referred to the House Committee on Military Affairs. On May 12 it was amended by the House Committee by striking out all but the enacting clause and substituting a bill prepared by Representative Reece, Tenn., R., which created a Federal Board to lease the Muscle Shoals projects to private operators. Passed by the House May 28, 1930. Sent to Conference June 4, 1930. Discussed Dec. 4, 8, 16, 1930. Jan. 12, 15, 1931.

Nicaragua

Senate:

On January 5 the Senate passed a Senate resolution, S. Res. 386, introduced by Senator Johnson, Calif., R., calling on the Secretary of State to send to the Senate all communications and documents relative to the sending of United States Marines to Nicaragua.

Presidential Nominations, Confirmed

Senate:

On December 19, the Senate confirmed two of the five nominees sent in by President Hoover to be members of the Federal Power Commission—Claude L. Draper and Ralph B. Williamson. On December 20, the Senate confirmed the other three members—George Otis Smith, Marcel Garsaud, and Frank R. McNinch. The confirmations were sent to the White House and the Commissioners took the oath of office.

On December 23, Messrs. Smith, Draper, and Garsaud met, the other two being absent. Prior to the meeting, the Commissioners had decided, on the ground that the Commission was to be reorganized, to call for the resignation of all employees and to continue their employment for thirty days, pending further action. At the meeting of December 23, a majority of the employees were continued in office, but it was announced that Charles F. Russell, solicitor, and William V. King, general accountant.

On January 5, Senator Walsh, Mont., D., moved to reconsider the vote of the Senate confirming nominations of Messrs. Smith, Draper, and Garsaud, and to request the President for the return of the nominations. On January 9, the Senate adopted Senator Walsh's resolution by a vote of 44 to 37. Discussed January 5, 6, 7, 8, 9, 10.

On January 10, President Hoover sent the following reply to the Senate's request for the return of the nominations:

"I am in receipt of the resolution of the Senate dated January 5, 1931—

"That the President of the United States be respectfully requested to return to the Senate the resolution advising and consenting to the appointment of George Otis Smith to be a member of the Federal Power Commission, which was agreed to on Saturday, December 20, 1930.

"I have similar resolutions in respect to the appointment of Messrs. Claude L. Draper and Col. Marcel Garsaud.

"On December 20, 1930, I received the usual attested resolution of the Senate, signed by the Secretary of the Senate, as follows:

"Resolved, That the Senate advise and consent to the appointment of the following-named person to the office named agreeably to his nomination:

"George Otis Smith, to be a member of the Federal Power Commission.

"I received similar resolutions in respect to Colonel Garsaud and Mr. Draper.

"I am advised that these appointments were constitutionally made, with the consent of the Senate formally communicated to me, and that the return of the documents by me and reconsideration by the Senate would be ineffective to disturb the appointees in their offices. I can not admit the power in the Senate to encrouch upon the Executive functions by removal of a duly appointed executive officer under the guise of reconsideration of his nomination.

"I regret that I must refuse to accede to the requests."

January 8:

U. S. Marshal, Division No. 4, District of Alaska: Lynn Smith.

January 12:

Tariff Commission: Henry P. Fletcher, Thomas W. Page, John Lee Coulter, Alfred P. Dennis.

January 13:

Tariff Commission: Edgar Bernard Brossard; Lincoln Dixon.

Examiner in Chief, United States Patent Office: James Walter Clift.

United States Circuit Judges: Joseph C. Hutcheson, fifth circuit; Samuel H. Sibley, fifth circuit.

Circuit Judge, Territory of Hawaii: Daniel H. Case, second circuit.

United States District Judges: Carroll C. Hincks, Dist. of Connecticut, Randolph Bryant, Eastern Dist. of Texas.

United States Attorney: Philip H. Mecom, Western Dist. of Louisiana.

United States Marshal: Francis M. McCain, Western Dist. of Kentucky.

District Attorney of the Canal Zone: Joseph J. McGuigan.

Prohibition

House:

On January 7, the House voted to strike out of the First Deficiency Appropriation bill, 1931, (H. R. 15592) an item authorizing the use by the Prohibition Bureau of the Department of Justice of $10,000 of its appropriation "for the collection and dissemination of information and appeal for law observance and law enforcement."

The vote was on a point of order made by Representative O'Connor, N. Y., D. The result of the vote was that the appropriation remained intact but the use of any part of it for educational or propaganda purposes is not permitted. Discussed January 7.

On June 3, 1930, the House passed a bill, H. R. 9985, reducing the penalties for minor violations of the prohibition laws.

On January 8, 1931, the House agreed to the Senate amendments to H. R. 9985 and passed the bill. Discussed Jan. 8. Approved January 15.

Senate:

On July 2, the Senate passed H. R. 9985 with amendments.

On May 27, the Senate Committee on the Judiciary reported a bill by Senator Howell, Nebr., R., (S. 3344), making stricter the prohibition enforcement law of the District of Columbia. This bill is on the Steering Committee's program and is expected to be called up in the Senate before the end of the session. Discussed Jan. 16.

Speeches and Extension of Remarks on Subjects Not Acted Upon

Agriculture

Speeches: Jan. 5, by Sen. Frazier, N. C., R.; by Sen. Heflin, Ala., D.; by Sen. Brookhart, Ia., R.; Jan. 14, inserted by Sen. Capper, Kans., R., "Resolutions of American Farm Bureau Federation.

Speeches: Jan. 5, by Rep. Lankford, Ga., D.; by Rep. Blanton, Tex., D.; Jan. 6, by Rep. Kvale, Minn., F. L.

Aviation

Jan 7, inserted by Sen. Bingham, Conn., R., article by Lieut. Commander D. C. Ramsey, U. S. N., on Training of line officers and midshipmen for aviation duty.

Speeches: Jan. 5, 9, by Rep. Taber, N. Y., R.; Jan. 9, 10, by Rep. Cramton, Mich., R., on dirigibles.

Banking

Jan. 13, inserted by Sen. Fletcher, Fla., D., brief on bills to amend Fed. Res. Act. Jan. 15, speech by Rep. McFadden, Pa., R., on America's Interest in Bank for International Settlements.

Bankruptcy

Jan. 5, inserted by Rep. Mickener, Mich., R., address by Thomas D. Thacher, Solicitor General of U. S.

Business Situation

Jan. 15, inserted by Sen. La Follette, Wis., R., article by Sen. Shipstead, Minn., F. L. Inserted by Sen. Goff, W. Va., R., article from Yale Daily News, "Future Trend in American Transportation." Jan. 14, inserted by Sen. Bulkley, O., D., editorial from Columbus *Dispatch*.

Jan. 5, inserted by Rep. McClintic, Okla., D., letter from J. Brunker, Boston, Mass., suggesting cure. Speech by Rep. La Guardia, N. Y., R.

Centinary of Building and Loan Movement

Jan. 5, inserted by Sen. George, Ga., D., address of Sen. Copeland, N. Y., D., at Rochester, N. Y.

Civil Service Appointments

Jan. 10, inserted by Sen. Dill, Wash., D., statistics prepared by Mrs. Nannie Lee King, on Civil Service employees by States.

Clothing for Needy Men

Jan. 9, speech by Rep. Ludlow, Ind., D.

Henry Clay

Jan. 14, inserted by Rep. Montague, Va., D., address of Hon. Henry T. Wickam, commemorating birthplace of Henry Clay.

Communism

Jan. 15, inserted by Sen. McNary, Oreg., R., address by Sen. Oddie, Nev., R., "Communism and the Soviet Govt."

Congressional Reapportionment

Jan. 9, speech by Rep. Cochran, Mo., D.

Cooperation of Employers and Employees

Jan. 5, inserted by Sen. Davis, Pa., R., editorial from Pittsburgh *Post Gazette*.

Diekema, Gerrit J.

Jan. 5, inserted by Sen. Borah, Ia., R., address by Sen. Yondenberg, Mich., R., on the late Gerrit J. Diekema, U. S. Minister to the Netherlands.

Federal Loans to Drainage Districts

Jan. 10, speech by Rep. Smith, Idaho, R., on Federal loans to drainage districts.

Employment

Jan. 5, speech by Sen. Davis, Pa., R., Jan. 7, inserted by Sen. Wagner, article by Royal Meeker, "Job Insurance Seen as no Drain on Nation." Jan. 9, speech by Sen. La Folette, Wis., R., Jan. 10, speech by Sen. Bulkley, O., D., Jan. 15, speech by Sen. Wagner, N. Y., D.; Jan. 15, inserted by Sen. Wagner, article by Helen Hall on the American Dole.

Jan. 16, speech by Rep. Lankford, Va., D.

Everglades National Park, Fla.

Jan. 5, inserted by Sen. Fletcher, Fla., D., letter from James H. Paine, of Fla., on Everglades National Park and De Soto National Monument.

Extra Session

Jan. 9, inserted by Sen. Wheeler, Mont., D., editorial from New York *World*.

Federal Reserve Act

Jan. 6, speech by Rep. Brand, Ga., D., proposed amendment to Federal Reserve Act.

Flood Control

Jan. 6, speech by Sen. Hayden, Ariz., D.

Jan. 7, speech by Rep. Sinclair, N. D., R., "Inspection of Lower Miss." Jan. 15, speeches by Cramton, Mich., R., and others in general debate.

Foreign Debts

Jan. 13, speeches by Rep. McFadden, Pa., R., and by Rep. Treadway, Mass., R.

Hospital Construction

Jan. 6, inserted by Rep. Rogers, Mass., R., letter from Capt. H. H. Weimer, National Commander, Disabled Veterans.

How Would Lincoln Stand Today?

Jan. 13, inserted by Rep. Byrns, Tenn., D., radio address of Rep.-elect Pettengill, Ind., D.

Howard University

Jan. 7, speech by Rep. Sabath, N. Y., D.

Immigration

Jan. 10, speech by Sen. Harris, Ga., D.

Inland Waterways

Jan. 9, speech by Sen. Ransdell, La., D.

Department of Labor

Jan. 5, inserted by Rep. Cable, O. R., an address by Hon. W. N. Doak, U. S. Secretary of Labor, on work of Labor Department.

Money in Circulation in the United States

Jan. 5, inserted by Sen. Heflin, Ala., D., letter from the Secretary of the Treasury in response to a Senate resolution.

National Forests

Jan. 5, inserted by Rep. Leavitt, Mont., R., address by Raphael Zon before Society of American Foresters, Dec. 30, on history of National Forests.

Senator Norris of Nebraska

Jan. 5, inserted by Sen. Brookhart, Ia., R., editorial by William Randolph Hearst on Senator Norris.

Oil

Jan. 15, inserted by Sen. Thomas, Okla., D., article by Wirt Franklin, "Conditions in Petroleum Industry."

Jan. 15, speech by Rep. Blanton, Tex., D.

Palestine

Jan. 8, speech by Rep. Dickstein, N. Y., D.

Political Affairs

Jan. 7, inserted by Sen. Blease, S. C., D., series of editorials on "The Election of President," also on "Secretary of Labor"; Jan. 14, speech by Sen. Norris, Nebr., R., on campaign expenditures; Jan. 15, speech by Sen. Heflin, Ala., D., on campaign methods; Jan. 16, speech by Sen. Cutting, N. Mex., R., on campaign methods.

Jan. 5, speech by Rep. Vestal, Ind., R., on direct primaries. Jan. 16, speech by Rep. Lea, Calif., D., on direct election of President; speech by Rep. Crisp, Ga., D., on changes in House rules.

Philippines

Jan. 5, speech by Delegate Osias, P. I., on thirty-fourth anniversary of execution of José Rizal.

Jan. 13, speech by Rep. Dyer, Mo., D.

President of the United States

Jan. 10, inserted by Senator Goff, W. Va., R., editorial from the Washington Post, entitled, "To Ruin the President."

Public Lands

Jan. 15, speech by Sen. Bratton, N. Mex., D., on "Withdrawal of Public Lands.

Radio

Jan. 16, General debate on floor.

Railroad Consolidation

Jan. 8, speech by Sen. Brookhart, Ia., R. Jan. 15, speech by Sen. Goff, W. Va., R.

Jan. 14, speech by Rep. Parker, N. Y., R., on "Railroad Consolidation."

Roads

Jan. 5, inserted by Rep. Almon, Ala., D., letter from T. H. MacDonald, Director of Roads, Ala., on "Allotments of National Aid to Roads in Alabama."

Russia-Stalin

Jan. 6, inserted by Sen. Brookhart, Ia., R., article by David Lloyd George.

Silver Supply

Jan. 10, speech by Sen. Borah, Idaho, R. Jan. 15, speech by Oddie, Nev., R. Jan. 15, inserted by Sen. Pittman, Nev., D., article by former Sen. Thomas of Colo.; also article by former Sen. Frank J. Connon on "Silver Loan to China." Jan. 15, inserted by Sen. Oddie, Nev., R., article by H. N. Lawrie on "Gold and Silver."

South Carolina

Jan. 16, speech by Rep. McSwain, S. Car., D., on "Natural Resources of S. Car."

Stock Speculation

Jan. 5, speeches by Sen. Brookhart, Ia., R., and Sen. Heflin, Ala., D.

Tobacco

Jan. 7, speech by Rep. Cellar, N. Y., D., on "Snide Advertising Practices of American Tobacco Company."

Uncle Sam and His Children

Jan. 8, speech by Rep. Owen, Fla., D.

Veterans' Adjusted Compensation

Jan. 5, speech by Rep. Almon, Ala., D. Jan. 10, speech by Rep. Crisp, Ga., D. Jan. 13, speeches by Rep. Clarke, N. Y., R. and Rep. Hankin, Miss., D. Jan. 12 and 14, inserted by Rep. Patman, Tex., D., articles on "Why Adjusted Service Certificates Should Be Paid in Cash Now."

Water Power

Jan. 8, 9, 10, 12 and 14, general debate on all phases of water power during consideration of resolution to reconsider the confirmation of the nominations of the members of the Federal Power Commission.

World Court

Jan. 5, speech by Sen. McNary, Oreg., R.

World Peace

Jan. 10, speech by Sen. Capper, Kans., R.

Jan. 9, speech by Rep. Cramton, Mich., R.

Yorktown Sesquicentennial

Jan. 5, Rep. Bland, Va., D., speech on plans for celebration at Yorktown, Va., in October, 1931.

This Month's Contributors

Senator Jones

WESLEY L. JONES, Republican, Seattle; attorney; born at Bethany, Ill., October 9, 1863; married and has two children; resided at North Yakima from April, 1899, until 1917, when he changed his residence to Seattle; Representative at Large from 1899 until 1909, when he became a Member of the United States Senate. His term of service will expire March 3, 1933.—*From "The Congressional Directory."*

Senator Sheppard

MORRIS SHEPPARD, Democrat, of Texarkana, was born May 28, 1875, at Wheatville, Morris County, Tex.; was graduated from the University of Texas, 1898; LL. D. (honorary) Southern Methodist University; began the practice of law at Pittsburg, Tex., in 1898, and located at Texarkana in 1899, where he continued to follow his profession; was elected in October, 1902, to the 57 Congress to fill out the unexpired term of his father, the Hon. John L. Sheppard, deceased; also elected to the 58, 59, 60, 61, and 62 Congresses; was elected January 29, 1913, to fill the vacancy occasioned by the resignation of Senator Bailey; and was also elected for the full term beginning March 4, 1913. He was reelected in 1918, 1924, and 1930. His new term of service expires March 3, 1937.—*From "The Congressional Directory."*

Senator Hatfield

HENRY D. HATFIELD, Republican; born September 15, 1875; member of the county court, McDowell County, 1904-1908; member of the State senate 1908-1912; Governor of West Virginia, March 4, 1913, to 1917; residence, Huntington, West Virginia.—*From "The Congressional Directory."*

Senator Copeland

ROYAL S. COPELAND, Democrat, of New York City, was born at Dexter, Mich.; grad. from the Dexter High School; attended the Michigan State Normal College; grad. from the Univ. of Michigan with the degree of doctor of medicine; has degree of master of arts from Lawrence Univ.; doctor of laws from Syracuse and Oglethrope Universities; is a Fellow of the American College of Surgeons; served as health commissioner of New York City from 1918 until he entered the Senate; is married and has one son, Royal S. Copeland, Jr.; was elected to the U. S. Senate November 7, 1922; reelected November 6, 1928. His term of service will expire March 3, 1935.—*From, "The Congressional Directory."*

Senator Barkley

ALBAN WILLIAM BARKLEY, Democrat, of Paducah, Ky., born in Graves Co., Ky., Nov. 24, 1877; educated in the county schools and in Marvin College, Clinton, Ky., grad. in 1897, receiving A. B. degree, afterwards attending Emory College at Oxford, Ga., and the Univ. of Virginia Law School at Charlottesville, Va.; admitted to the bar at Paducah, Ky., in 1901; married June 23, 1903, to Miss Dorothy Brower, of Paducah, Ky., has three children; was elected prosecuting attorney for McCracken Co., Ky., in 1905 for term of four years; elected judge of McCracken Co. court and served until elected to Congress; was elected to the 63 and all succeeding Congresses; was chairman State Democratic conventions, Louisville, Ky., 1919, and at Lexington, Ky., May, 1924; was delegate at large to Democratic National Conventions at San Francisco in 1920, at New York in 1924, and at Houston in 1928; elected to U. S. Senate from Kentucky for term beg. March 4, 1927.—*From, "The Congressional Directory."*

Senator Bingham

HIRAM BINGHAM, Republican, of New Haven; born in Honolulu, Nov. 19, 1875; son of Rev. Hiram and Minerva (Brewster) Bingham; studied at Punahou, Andover, Yale, Univ. of California, and Harvard; married Alfreda Mitchell, of New London; taught at Harvard, Princeton, and Yale; explored parts of Venezuela, Colombia, and Peru; author "Across South America," "Inca Land," "An Explorer in the Air Service," "Machu Picchu," etc.; learned to fly, 1917; lieutenant colonel, Air Service, American Expeditionary Forces; delegate-at-large Republican National Conventions, 1924 and 1928; lieutenant governor, 1922-1924; elected governor, Nov. 4, 1924; elected Senator, Dec. 16, 1924, to fill unexpired term of the late Frank B. Brandegee; reelected Nov. 2, 1926.—*From, "The Congressional Directory."*

Senator Phipps

LAWRENCE COWLE PHIPPS, Republican, of Colorado; born in Amwel Township, Washington Co., Pa., August 30, 1862; attended common school and graduated from Pittsburgh High School in 1879; employed by Carnegie Co.; until that company was absorbed by the U. S. Steel Corp. in 1901, at which time he resigned as vice president and treasurer of Carnegie Co. and retired from active business, making his home in Denver, Colo.; donor of Agnes Memorial Sanatorium for treatment of tuberculosis; president of Colorado Taxpayers' Protective League in 1913; during war was chairman of Mountain division Liberty loan campaign; member of Colorado Council of De-

fense; member of National Finance Committee, American Red Cross; was elected to U. S. Senate in 1918 and took his seat March 4, 1919, reelected in 1924 for term expiring March 3, 1931; has six children—Lawrence C., Jr., Mrs. William White, Mrs. Donald C. Bromfield, Mrs. Van Holt N. Garrett, Allan R., and Gerald H.—*From, "The Congressional Directory."*

Senator Tydings

MILLARD E. TYDINGS, Democrat, Havre de Grace, Md.; born at Havre de Grace, April 6, 1890; attorney at law; grad. from Md. Agricultural College in mechanical engineering; studied law at Univ. of Md., admitted to the bar 1913; served in World War from April 6, 1917; to June 1, 1919; promoted through ranks from enlisted men to lieutenant colonel; cited by Generals Pershing, Morton, and Upton; awarded distinguished-service medal; speaker of Maryland House of Delegates; State senator, Maryland; elected to Sixty-eighth and Sixty-ninth Congresses; elected to U. S. Senate by 54,715 plurality.—*From, "The Congressional Directory."*

Senator Walsh

DAVID IGNATIUS WALSH, Democrat, of Fitchburg, Mass., was born in Leominster, Worcester Co., Mass., on Nov. 11, 1872; attended the public schools of Clinton, Mass.; Holy Cross College, Worcester, Mass., A. B., 1893, LL. D., 1913; Boston Univ. School of Law, LL. B., 1897; from several universities, LL. D.; lawyer; elected, from a Republican district, a member of the Mass. House of Rep., 1900, and reelected 1901; lieutenant gov. 1913, governor 1914, and reelected 1915 (yearly terms); delegate at large to the Democratic National Conventions 1912, 1916, 1920, 1924, and 1928; delegate at large to the Mass. constitutional convention 1917-1918; elected as the first Democrat since before the Civil War to the U. S. Senate Nov. 5, 1918, to succeed the Hon. John W. Weeks, his Republican opponent; was defeated for reelection to the U. S. Senate, Nov. 7, 1924; elected to the U. S. Senate, Nov. 2, 1926, to succeed William M. Butler; reelected Nov. 6, 1928; his term of office expires March 3, 1935.—*From, "The Congressional Directory."*

Senator King

WILLIAM H. KING, Democrat, of Salt Lake City, was born in Utah; attended public schools, the B. Y. Academy, and the State Univ. Spent three years in Great Britain and upon return began study of law; graduated from the Univ. of Mich. in 1888 and entered practice of law in 1900; was elected to various State offices, including the Legislature of Utah, in which he served three terms, one term being president of the upper body; served as associate justice of the Supreme Court of Utah, beginning in 1904; was elected to the 55 Congress; declined renomination and was candidate for the U. S. Senate; a deadlock ensued and no one was elected; a vacancy occurring, was elected as Representative to the 56 Congress; was unanimous choice of his party for the 58 and 59 Congresses, but the State was Republican; nominated by the Democratic legislative caucus in 1905 and 1909 for the U. S. Senate; has been delegate to various Democratic National Conventions; was unanimous choice of his party for Senator and in Nov. 1916, was elected for a term of six years; reelected Nov. 1922, and again on Nov. 6, 1928, for a term of six years.—*From, "The Congressional Directory."*

Grace Abbott

GRACE ABBOTT, social worker; b. Grand Island, Neb., Nov. 17, 1878; d. of Othman A. and Elizabeth M. (Griffin) Abbot; grad. Grand Island High School, 1895; Ph. B., Grand Island Coll., 1898, U. of Neb., 1902-1903; Ph. M. in Polit. Science, U. of Chicago, 1909; unmarried. Teacher Grand Island High School, 1899-1902 and 1903-07; dir. Immigrants' Protective League, 1908-17; resident Hull House, Chicago, 1908-1915; dir. child labor div. of Children's Bur., Washington, D. C., 1917-19; exec. sec. Ill. Immigrants' Commn., 1920-21; now chief of U. S. Children's Bur. Author: The Immigrant and the Community. Address: The Ontario, Washington, D. C. — *From, "Who's Who in America."*

Dr. Holmes

RUDOLPH WIESER HOLMES, Fellow of American Medical Association; specialist in obstetrics and gynecology, associate clinical professor in obstetrics and gynecology, Rush Medical College, Chicago; chief department of obstetrics, Augustana Hospital; obstetrician, Passavant Memorial Hospital; member Illinois State Medical Society, Chicago Medical Society, Chicago Gynecological Society; fellow of American College of Surgeons, Institute of Medicine, Chicago; American Gynecological Society. —*From, "Congressional Record."*

Dr. Gellhorn

GEORGE GELLHORN, Fellow of American Medical Association, specialist in obstetrics and gynecology, professor of gynecology and obstetrics, and director of department, St. Louis University Medical School; gynecologist in chief, St. Mary's and Missouri Pacific Hospitals; gynecologist, Bernard Free Skin and Cancer Hospital; gynecologist and obstetrician, St. Luke's and City Hospitals; consulting gynecologist and obstetrician, Jewish Hospital; medical director, Municipal Prenatal Clinics and St. Louis Obstetric Dispensary; member of American Gynecological Society, American Gynecological Club (president, 1915), St. Louis Medical Society, etc.—*From, "Congressional Record."*

Dr. Hamill

SAMUEL M'CLINTOCK HAMILL, Fellow of American Medical Association, specialist in pediatrics; member of American Pediatric Society, Philadelphia Pediatric Society, Philadelphia Neurological Society, Pathological Society of Philadelphia, Medical Society State of Pennsylvania (first chairman section on pediatrics), College of Physicians of Philadelphia; member of General Medical Board and chairman of National Child Welfare Committee of Council National Defense; director child welfare for State of Pennsylvania, 1917-18; delegate Cannes Medical Conference of Red Cross Society, 1919; president and director of Philadelphia Child Health Society; member American Association for Study and Prevention of Infant Mortality (president 1915-16); member executive committee American Child Health Association since 1923; professor diseases of children, Philadelphia Polyclinic and College for Graduates in Medicine, 1901-1919; postgraduate department of medicine, University of Pennsylvania, 1919-20; visiting pediatrician, Presbyterian Hospital, formerly St. Christopher's Hospital for Children and Philadelphia Polyclinic.—*From, "Congressional Record."*

Continued--

of the community and voluntary agencies, and by extending Federal assistance in organization of these forces and bringing about cooperation among them.

"I have recently, in cooperation with the Secretaries of Interior and Labor, laid the foundations of an exhaustive inquiry into the facts precedent to a nationwide White House conference on child health and protection. This cooperative movement among interested agencies will impose no expense upon the Government. Similar nationwide conferences will be called in connection with better housing and recreation at a later date.

"The advance in scientific discovery as to disease and health imposes new considerations upon us. The Nation as a whole is vitally interested in the health of all the people; in protection from spread of contagious disease; in the relation of physical and mental disabilities to criminality; and in the economic and moral advancement which is fundamentally associated with sound body and mind. The organization of preventive measures and health education in its personal application is the province of public health service. Such organization should be as universal as public education. Its support is a proper burden upon the taxpayer. It cannot be organized with success, either in its sanitary or educational phases, except under public authority. It should be based upon local and State responsibility, but I consider that the Federal Government has an obligation of contribution to the establishment of such agencies.

"I recommend to the Congress that the purpose of the Sheppard-Towner Act should be continued through the Children's Bureau for a limited period of years; and that the Congress should consider the desirability of confining the use of Federal funds by the States to the building up of such county or other local units, and that such outlay should be positively coordinated with the funds expended through the United States Public Health Service directed to other phases of the same county or other local unit organization. All funds appropriated should of course be applied through the States, so that the public health program of the county or local unit will be efficiently coordinated with that of the whole State."

In His message to Congress, December 2, 1930, he said:

"I urge further consideration by the Congress of the recommendations I made a year ago looking to the development through temporary Federal aid of adequate State and local services for the health of children and the further stamping out of communicable disease, particularly in the rural sections. The advance of scientific discovery, methods, and social thought imposes a new vision in these matters. The drain upon the Federal Treasury is comparatively small. The results both economic and moral are of the utmost importance."

In discussions as to constitutionality of the Maternity and Infancy bill, the so-called "welfare clause" of the Constitution of the United States has been generally quoted. This is contained in Article I, Section 8, of the Constitution, which reads,

"The Congress shall have Power to Pay and collect Taxes, Duties, Imports and Excises, to pay the Debts and provide for the Common Defense and General Welfare of the United States;"

Those who argue for Federal aid for mothers and infants maintain that it is permissible under this provision. Their opponents maintain that this provision refers to the welfare of the United States as a political entity and not to individual citizens.

This Month's Sources

1—Congressional Record of Dec. 8, 1930.

2—Congressional Record of Dec. 9, 1930.

3—Congressional Record of Dec. 16, 1930.

4—Congressional Record of Dec. 17, 1930.

5—Congressional Record of Dec. 18, 1930.

6—Congressional Record of Dec. 4, 1930.

7—Editorial of Dec. 1930.

8—"Proceedings, House of Delegates, A. M. A. 1930."

9—Editorial of Dec. 28, 1930.

10—Reprint from The Annals, Sept. 1930.

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